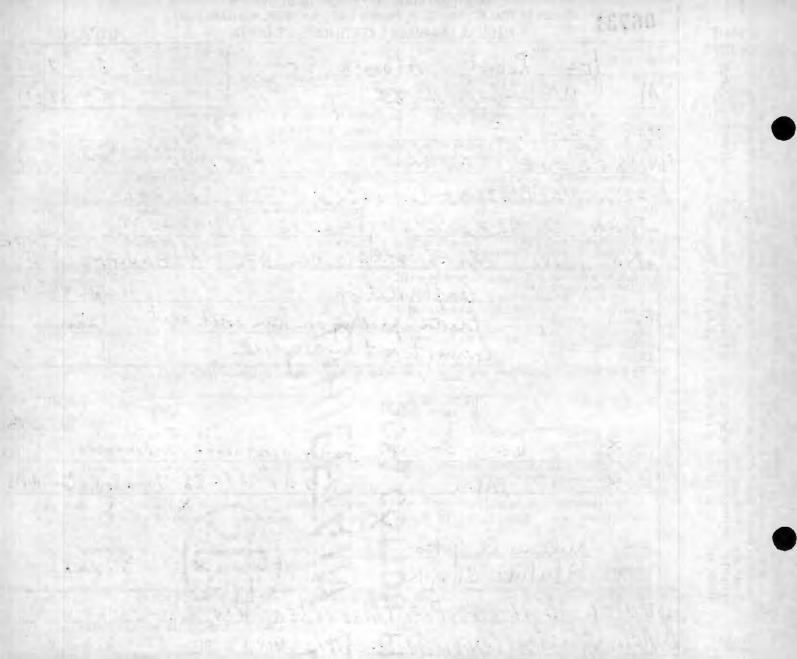
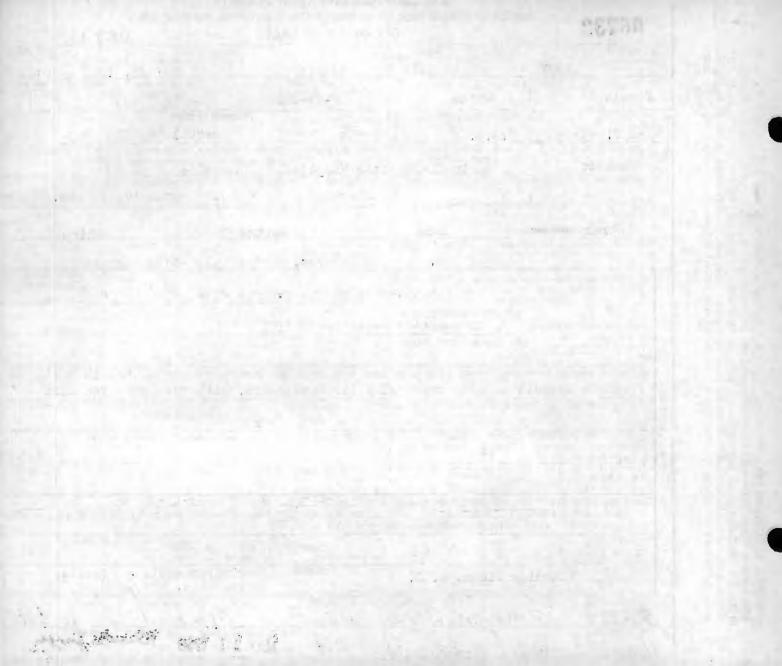
9	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			6730
HEALTH DEPT.		DECEASED-NAME First Middle , Last 2a DATE KNOWN Manth	Day Year 2b. HOUR
		Type or Print) Ita Robert Albough Sr. DEATH MATED 5	8 189 205 M
delay is and 3 to MS. Poge import of	3. 5	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
PMS: and		5 VV 4-6-1904 65 YRS.	5 Pear 1969 235 M
15 6	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Pages ith form	Z	MARYLAND U.S., WIDOWED DIVORCED CARROLL	Md.
Page Nith	10.	CITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
after death 8. Give Pag olong with with the Sto	130	USUAL RESIDENCE (Where deceased lived) if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET_AND NUMBER	OWNER
	1	HASSOND STATE AND 186 KOUNT ROLL LAUDIN BRIDGE YES IN NO DE RURAL	
office of the d	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
Ac. 0 1 0 01	L	JOHN D. ALBAUGH MAUDE NUSBAUM	22/2/2
executed within 24-hours anding" in pencil in Item Medical Exominar's Office to permit. File pages 1 and 2 nt within 72 hours offer d		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes blood of or of deltes of service) 2/3-36-8692 MRS MILD RED T. ALBAUG	ON BRIDGE
be executed wit "pending" in pe nief Medical Exor ansit permit. File event within 72	-	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
executed adding in Medical permit.		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e execut pending ef Medice sit permi		928X IMMEDIATE CAUSE (a) CONSEQUENCE OF	200-13 10
be "pe hief hief ansit		Canditians, if any, which gave rise to immediate cause (a), (b) Tratar upsetting on him with seat	same.
should be e ne word "per to the Chief ! buriol-transit		stoting the underlying couse (DUE 10, DK AS A CONSEQUENCE OF	
sho sho the orth		(c) Coming to rost on this work	1
INER: This certificate should be executed within a certificate, writing the word "pending" in pencil for should be forwarded to the Chief Medical Exominatiles. 3 should be used as a buriol-transit permit. File page intion, or removal, and in any event within 72 hour		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certification of the control of the	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This cricate, be for a for rem	TIFIC	WAS PERFORMED?	YES NO K
MINER: This the certificate, 4 should be for riles. In 3 should be to a 3 should be to motion, or ren		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, the	
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH 205 (M) 2 19 19 18 18 OF OVERTURAR ON RECE	
	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, at work Mork while at work Mork of the colory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City of Town AT WORK RD #1 Hoff Rd, Union P	County State
DEPUTY SICAL EXAM ecessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem			
SICAL Se exector. P med for burid		220. I certify that I took charge of the remains described obave, held an Autopsy, Inspection, Inquiry death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined manner	and in my opinion
please director retaine or to b		CHIEF MEDICAL EXAMINER	
y, please retain (AL DIRE prior to		SIGNATURE CLESTON ASSISTANT MEDICAL EXAMINER (22b. DAJE)	SIGNED,
Sary mera be be ler		DEPUTY MEDICAL FXAMINER 3	8/69
necessary, please esthe funeral director. S may be retained for FUNERAL DIRECTOR. Health prior to buy		NAME (Type) SULLIUS CHEPICO ADDRESS (Street, city, town, or county)	
5 = + N 5 =	270	BURIAL, CREMATION, 23b. DATE 23g. NAME OF CEMETERY OR CREMATORY 23d DOCATION (City or Town)	(Caunty) (State)
^	25	FUNERAL DIRECTOR , CADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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TOWN NEV. TOOP	-	TO TO THE TOTAL TO THE TO TOO THE	



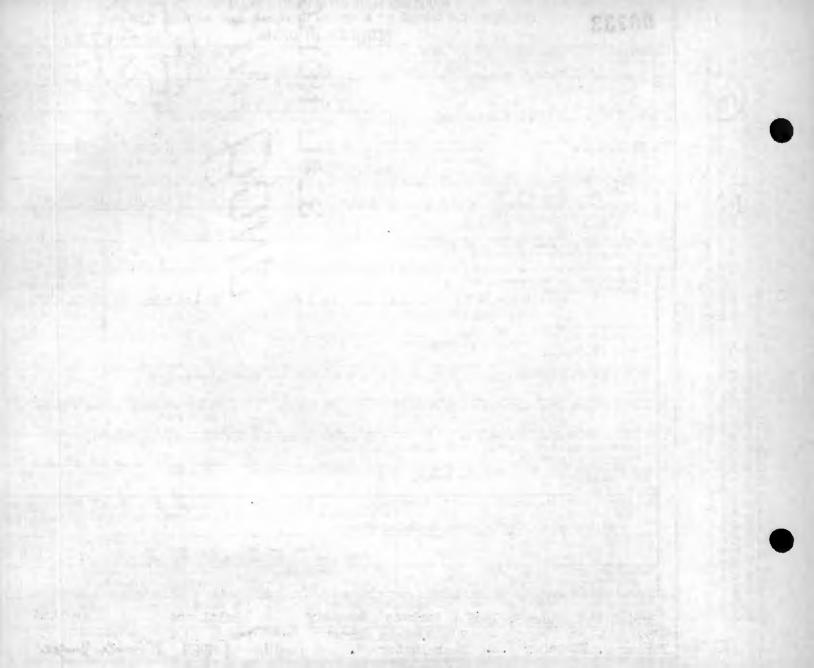
	1		06732	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON S CERTIFICATE OI		MORE, MARYLAND 212	06731	
ب	_ c .t		ECEASED-NAME First	Middle	Last		20. DATE OF OEATH	00103	2b. HOUR
lea	erol and 2	(Type or print) LUCY	ROSETTA	BAILE	V	Manth MAY 1	Doy 1 060	6:45
-	545	3. 5		4. RACE	S. DATE OF		6. AGE (In yea	ors IF UNDER 1 YEAR	
off	4 (1)		Female	White	10-27		lost birthdoy	YRS MONTHS GAY	
UIS	3	7a.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER M		COUNTY OF DEATH	TKQ.	
육	in 2 h 2 h	LOIL	ntry) Vest Virginia	U.S.A.		ORCED	Carroll		
1 24	filled in 1 popers. hin 72 hd	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTUTUTION (If not in hospital	120 USUAL	OCCUPATION (Kind of work	done 12k KIMD	OF BUSINESS OR
within 24 hours after death.	tely filled rbon pop , within		Sykesville	give street address) Springfield	State Hospi	tal during mo	st af warking life, even if reti Lousewife	rired.) INDUSTRY	or position of
Xeekkep	ottending physician ond completely f vermit. Then please remove corbon on, ar removal, and in any event, with	odm	USUAL RESIDENCE (Where deceas ission) STATE [aryland]	ied lived, if institution: Residence before 13b. COUNTY Allegany	Cumberland	AE2 NO			/e •
	D D D	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S	MAIDEN NAME FIR	rst Mid	ddle	Lost
9	de e		Abner 'A'	Bane		Marth	a. CZ U.	Whip	n
ole	irio leas an	160	. WAS DECEASED EVER IN U.S. ARM 'es_no, ar unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURITY war or dates of service)	NO. 17. INFORMANT		Addi	ress	-
#	ohys val,		NO	Unk.	Record	s, Sprin	gfield State	Hospital	
9	pital ar offending physician. rifitate hos been signed by the offending phy d for use as the buriol-tronsit permit. Then of Health prior to buriol, cremation, ar removal		1B. CAUSE OF DEATH (Enter onl	ly one cause per line for (a), (b), and (c)	.)			APPRI	OXIMATE INTERVAL N ONSET AND DEATH
中	it.		PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (o) Arterioscle	rotic cardi	ovascula	r disease	-	ears
o de	offendi permit. ion, ar r		4124	DUE TO, OR AS A CONSEQUENCE OF					
=	the nation		Canditions, if any, which gove	(b) Generalized	arterioscle	erosis		Ye	ars
tha!	by i		rise to immediate couse (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF					
es.	physician. signed by the buriol-tronsit buriol, cremal		last.	(c)					
ia.	physic signe buriol buriol		PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	IAL DISEASE OR CO	INDITION GIVEN IN PART I(a)	Chronic b	rain
7 0	10 E e 10 t	25	syndrome asso	ciated with cerebr	al arterios	clerosis	. with psycho	tic react	ion
<u> </u>	offending physician, hos been signed by se as the buriol-trail the prior to buriol, cre	ATIO	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AU		20b. IF YES, WERE FIND		
The	r offending a hos been use as the alth prior to	CERTIFICATION			YES [NO 🔽	CAUSES OF DEATH?		
ż	aspital ar certificate hed for ur		210. ACCIDENT WAS UNDERLYIN		21c HOW INJURY O		nature of injury in Port 1 or P	ort 2, Item 18.)	
S.	of H of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Day Year ner) P.M.					
PHYSICIAN: The law requires that the death certificate be	may be retained by the haspital RAL DIRECTOR: After this certific, page 3 should be detached fo be filed with the State Dept. of H	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA		reet or R.F.D. No.	City or Town	County	Stote
N.G.	de de de de		22a certify that (1) (thi	is hasnital) attended the deceas	ed from 3-22.	-60 19	, to5-15-69	10 th	ot (I) (we) las
<u> </u>	d b d b d b d b d b d b d b d b d b d b		saw the deceased al	is hospitol) attended the deceas	19, and that in (1	my) (our) apin	ian death accurred on t	he date and hou	r ond from the
E.	90 H			, (I) (we) (did) (did not) view the	body ofter death.				
OR ATTENDING	be retained by DIRECTOR: After ge 3 should be led with the Stat		226 SIGNATURY	rini lyla	DEGREE PHYS.	DING ME	D. STAFF RECTOR PHYS.	22c. DATE SIGNED	1 60
TO HOSPITAL	Poge 4 may I TO FUNERAL D director, pag should be fill		22d. PHYSICIAN'S NAME (Type) Antor	nius Glahn, M. D.	22e. AI	DDRESS Sp	ringfield Sta kesville, Mar	te Hospit	al 784
00	O FUNERA director, should be	230.	BURIAL, CREMATION 236. D	DATE T 23c. NAME OF	CEMETERY OR CREMATORY		23d. LOCATION (City or Town		(Stote)
0	o ding			8 141241969 Bear			Mineral	Co. L	vila.
_	VR A15 (4)	24	FUNERAL DIRECTOR	ADDRESS	10 MI	25a. REC'D BY	REGISTRAR 25b. REGIS	TPAR'S SICHATURA	edel.
	45M - 1/69	1	MADDIN 711 M	MINDE VIIIIAW	VV 7/1/1.	DATEMAY	2 1 1969 7	1	1

MARTLAND STATE DEPARTMENT OF HEALTH



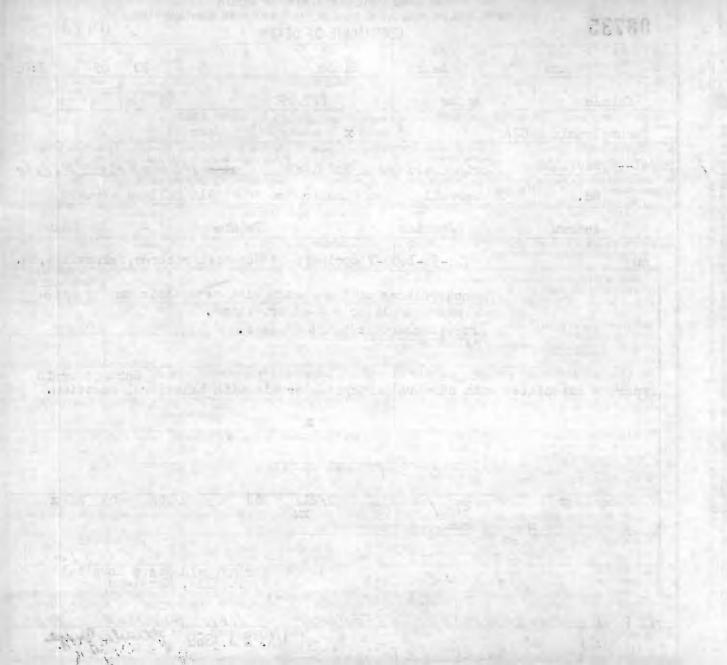
06733 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06732 deoth. I. DECEASED-NAME First Middle Last 20 DATE OF DEATH deoth. ero (Type or print) ANE PA. requires that the death certificate be executed within 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years SARY I SECURI II IF UNDER 24 HRS. last birthday) HOURS 20 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED 9. COUNTY OF DEATH and completely filled in lease remove carbon papers. and in any event, within 72 h WIDOWED V ARVIAND DIVORCED [ARRO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 168 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 132 INSIDE CITY LIBARTS? 13e. STREET AND NUMBER STATE 13b. COUNTY YES NO [WESTMINSTER manchester RR 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last attending physical attending phy 19N ATRIC ONRO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) [(If yes give war or dates of service) burial, cremotion, or remayol, SPRINA -05-7240 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 00 CNAESTIVE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending directar, page 3 should be detached far use os the should be filed with the Stote Dept. of Health priar to has been CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🔲 TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING O HOSPITAL OR ATTENDING PHYSICIAN: 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark of work 22a. I certify that (1) (this hospital) attended the deceased from . 19 6 8 ta 19 6 9, and that in (my) (aur) opinion death occurred on the date and have and from the saw the deceased alive on 5-31 couses stoted above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS PHYS. 22d PHYSICIAN'S 22e. ADDRESS MAME (Type) Jo PRINGFIE 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Maryland Parkwood Cemetery 1969 Raltimore June 254 Hope Main Street 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE Thomas D. Fletcher F.H. DATEUN Westminster Md. 1969

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201067 CERTIFICATE OF DEATH	33
neral and 2 death.	1. DECEASED NAME (Type or print) Elijah John Blizzard Lost 2a. DATE DF DEATH Month Day	Year 9 25. Hours
d ing She funeral bers. Pages 1 and 2 72 hours after death.	3. SEX Male 4. RACE White S. DATE DF BIRTH Sept. 15, 1883 6. AGE (In years lossenthday) White	DER I YEAR IF UNDER 24 HRS.
72 hours after	7a. BIRTHPLACE (State ar foreign country) Md. 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH Carroll	M
0		DUSTRY
03	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 130. CDUNTY Balto. Reisterstown YES NO FE Emory Rd.	
ate be executed within 24 haurs after death ison and completely filled incheshe. Funeral lease remove carban papers. Pages 1 and 2 and in any event, within 72 hours after death	14 FATHER'S NAME First Middle Lost 15. MDTHER'S MAIDEN NAME First Middle Johnsie Blizzard Margaret Rigler	Last
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or doles of service) 16b. SDCIAL SECURITY ND. 17. INFORMANT Address	, Md.
	HART I DEATH WAS CAUSED BY: WAS CAUSED BY: HART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH F. 2. HOURS YEARS
2	PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(a) CHRONIC OSSTRUCTIVE QUENCY OSSTRUCTIVE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH DEPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING The contributing cause of Death of Part 1 or Part 2, Item 18 The contributing cause of Death of Part 1 or Part 2, Item 18 The contributing cause of Death of P.M. The contributing cause of Death of P.M. The contribution cause of Death of P.M. The co	
	220. I certify that (I) (this haspital) attended the deceased from 5/3, 1964, to 5/2, 1968 saw the deceased alive on 1967, and that in (my) (our) apinion death accurred on the date and causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATORE 22c. DATE SIGNATORE	
shauld be filed v	22d. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATIDN, REMOVAL (Specify) Burial 23b. DATE 23c. NAME DF CEMETERY DR CREMATDRY 23d. LDCATION (City or Town) (Court Removal (Specify) Resterstown, M	inty) (State)
89	24. FUNERAL DIRECTOR ADDRESS Tipton - Eline Funeral Home Hampstead, Md. Date JUN 3 1969	o Judge

Live to be seen a fair to and selected the terms of the The state of the s april of many field in 100 · WARRED FOR THE STATE OF THE S



_ 1	1	MARYLAND STATE DEPARTMENT OF HEALTH OF 736 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			06735
HEALTH DEPT.		DECEASED NAME First Middle Last 20. DATE KNOWN 2 Month	Day Year 2b HOUR-
of ge	((Type or Print) CLIFTON EIGGENE DORSEY DEATH MATED 5.	1/2:45
ny delay is 1, 2, and 3 to rm PM3 Page Department of	3 5	SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YOUR) IF UNDER 1 YEAR JUNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d HOUR-
ab www.	m	nale Negro 9-5-38 30 YRS MONTHS DAYS HOURS MIN Month 5 Day	7 Year 1969 PM
		B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH JUNEY)	
farr farr		Maryland U.S.A. WIDOWED DVOKED Carroll	Md
after death 8. Give Pages 1, along with farm with the State De	10	CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR NSTITUTION (If not in hasp to during most of working I fe even if retired.)	126 KIND OF BUSINESS OR
ive w	12-	Sykesville Springfield State Factory worker	
s afte 18. Gi alon with death	130	O O O O O O O O O O O O O O O O O O O	Ann
		FATHER'S NAME First Middle Last U.S. MOTHER'S MAIDEN NAME First Middle	Lost
		Edward Coates Louise	_
him 24 ning s ning s hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	Dorsey
in pencil in pencil Examine Examine File pagè	((Yes, na, or unknown) (If yes give wor or dotes of service) 213-36-0924 Springfield State Hosp Records	Sykesville Md.
d with in period of the control of t		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) Perforated aneurysm of the PART I DEATH WAS CAUSED BY the part of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed e word "pending" in o the Chief Medical E ourial-transit permit. F in ony event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) basilar artery with massive intercranial	mins. / hrs.
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF hemorrhage.	
hief dusi		Conditions, if any, which gave asset to immediate cause (a), (b)	
should be e te word "per to the Chief I burial-transit		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v he v to th buri		(6)	
is certificate should be executed within the writing the word "pending" in pencil is forwarded to the Chief Medical Examiner to used as a burial-transit permit. File page removal, and in any event within 72 hour		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi writii orward used c	10€	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ce ote, v e forv be us	CERTIFICATION	WAS PERFORMED?	YES X NO
or or			Item 18.)
INER: le certif shoutd files. 3 shoul	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
(AMINER: te the certi je 4 should your files. oge 3 should cremation,	38	frame of the building start	County State
L EXAMINER: ecute the cert Page 4 shoul or your files. R:Poge 3 sho.		AT WORK AT WORK	
- 9 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0		22a. I certify that I taak charge of the remains described abave, held an Autapsy X, Inspection , Inquiry	
olca oleose ex director. etoined DIRECTO		death resulted fram, Natural causes 🗷 Acciden 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner	
pleose e I direction retoined L DIRECT Ior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHI	TE STONED -
EPUTY sssory, ple funeral di oy be rett JNERAL DI ith prior		SIGNATURE M.D. ASS STANT MEDICAL EXAMINER	5-17-69
o DEPUTY necessory, the funera 5 may be 5 moy be 7 runera	1	NAME (Type) W. Glenn Speicher Apartment Hugger Hugger Hugger Hugger	it Carrell
TO DEPUTY HE EURICE 5 may be TO FUNERA	236	g BURIAL CREMATION 23b DATE 23r NAME OF CEMETERY OR CREMATORY 123d OCATION (City of Town)	(County) (SALA)
		2002 2002	id, 7
(8)//		FUNERAL DIRECTOR V. R. Ba Ley ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR	S S GNATURE
VR A15ME (5)2/ 10M REV 1/68	K	Aelson F.H. 1348 Calhoun St. MAY 20 1989 106	was Judge

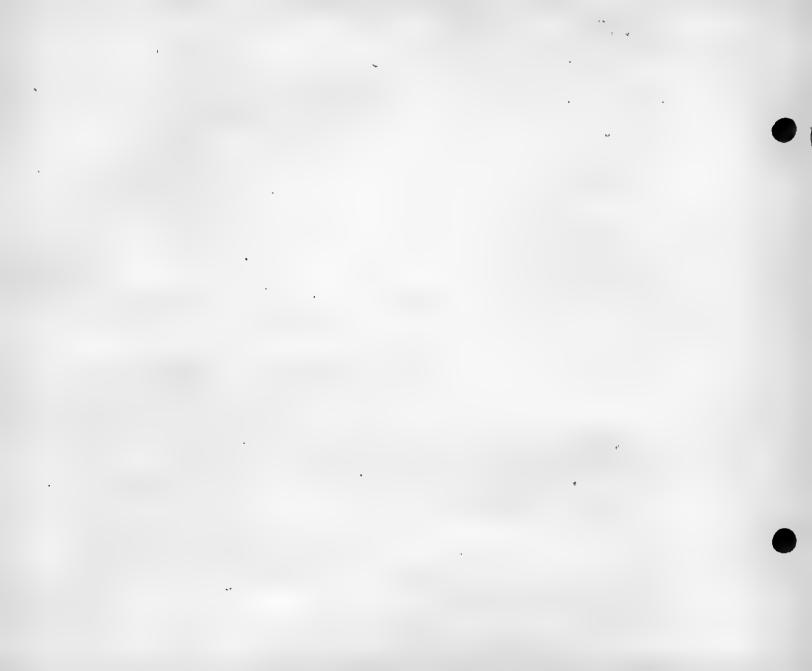
_ 11	1	MARTLAND STATE DEPARTMENT OF HEALTH	
	1	06737 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	~ 0.0
	Itt	tem#6,FilmGlil2 5/11/69 km CERTIFICATE OF DEATH	736
- 24	, TD	DECEASED NAME First Middle Lost 2a, DATE OF DEATH	2b. HOUR
death.	((Type or print) Hilda Margaret Eckenrode MAY 7	Year 1.50 M
s after deal	3 5	Hilda Margaret FCKenrode MAY 7 SEX 4 RACE S. DATE OF BIRTH 6 AGE I'M YEARS AF UNDER	ER I YEAR IF UNDER 24 HRS.
	3. 3	FEMALE 4 RACE WHITE S. DATE OF BIRTH AUG. 26, 1899 Lost birthday) 6.9 MONTHS	
# 4 F	L		
B ATE	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
filled in progress him 72 him	4 500	MARYLAND U.S.Q. WIDOWED DIVORCED CARROLL CO.	Md
2 n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126	KIND OF BUSINESS OR
Se within 24 haurs after death Sletely filled in by the funeral carbon pages? Pages 1 and 2 carbon within 72 foot 110 death	1/2	WESTMINSTER give street address) RFD # 3 dujing mast of work no life, even if retired) [IND	USTRY
arb art,	30	SJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY L MITS? 13e STREET AND NUMBER	772-23
executed by camples any event		nission) STATEMARYLANDS COUNTY CARROLL WESTMINSTATED NO G - R.F.D.# 3	
way of way	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
a Para a			1151150
an an ase	1		NELLER
Sicil Cot		o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or upknown) (If yes give war or dates of service) 214-03-30 77A MR PO GFD 1-ECKTOPADE	SAME
phy en sva	\vdash	THO 219 03 30 NIT MIK KUTER I. LUNENFODE,	ADDRES
ne death cer ottending p permit The ion, ar rema		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY MANAGEMENT OF THE PROPERTY OF THE PROPER	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
and in the second secon	1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Myocardial Intarction	arutp
of the series of	1	2509 DUE TO, OR AS A CONSEQUENCE OF	
the or the ortion		Conditions, if any, which gove) a African for the Common Artery Disease	Linknown
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this De company		While Not while of work of work	
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d b Aff	1	saw the deceased alive an 3/21 1969, and that in (my) (our) opinion death occurred on the date and	d hour ond from the
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VR ATSVELCE	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256. REGISTRAR 5 SIGNAT	URE
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MARYLAND STATE DEPARTMENT OF HEALTH 06738 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06737 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle last 2b. HOUR First 20. DATE OF DEATH signed by the attending physician and campletely filled in by the furneral burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 haurs after death. (Type or print) Yeor 320 A Claude H. Engle 6 AGO (In years lost birthday) 4 RACE S. DATE OF BIRTH E JNDER I YEAR 3 SEX IF UNDER 74 HRS by In-DAYS MONTHS HOURS Male White 10/18/1889 requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED washington, D.C. U.S.A. WIDOWED [7] DIVORCED [Carrol1 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR during most of working life, even if retired)
Retired Farmer give street address) Nursing Home IND. STRY New Windsor Farm 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY YES [NO. R. D. 2 Carrol1 Westminster Maryland Middle 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Lavinia Melvin Hauke James Engle Hannah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) If yes give war or dates of service) 219-34-6657 Mrs. Nora Engle, Westminster, Md. R.D.2 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to b as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES I NO [T use of Health 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ja OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached directar, page 3 shauld be detached should be filed with the State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. Stote City or Town County While Not while at work 220. I certify that (1) (this hospital) attended the deceased from.... , and that in (my) four opinian death occurred on the date and hour and from the saw the deceased alive on... (did not) view the body ofter death couses stoted above, (1) (we fidid) 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d, PHYSICIAN'S 22a, ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BUITAL (Specify) Silver Run, Carroll Co., Md. St. Marys Cemetery 5/10/69 ADDRESS REGISTRAR S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1969 Littlestown, Pa.



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FOR STATE HEALTH DEPT.		CEASED NAME	First	MEDICAL E.	KAMINER'S Middle	CEKTIFICAT Lost		20 DATE KNOWN			21-71-0110
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should be e ne word "per o the Chief! buriol-transit		lost	,	(c)							
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VER: cert houl houl les. shot tian	MEDICAL	PRIMARY OR CONTR		PM 1	5-4 1969	-ui	to car	1	7	0.0	
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DEPUTY DICAL EXAMINER: reessary, please execute the certs e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should briar to buriol, cremotian,				argo of the same	ins described ab	ava haldan A	Lutonny 🗖	Inspection XI.	Inquiry 🗍	and in my	- (//alj
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1374	3 \$		4 RACE	S DATE OF BIRTH	6 AGE (In yeors	IF UNDER YEAR IF UNDER 74 HRS.
shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs a	L	Male	Caucasian	11/18/85	lost birthdoy) 93 YRS	MONTHS DAYS HOURS MIN.
<u> </u>	70 €00	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	10	"" Virginia OTY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED 3	Carroll	Md.
F 201	5	ykes vi ll e	II NAME OF HOSPITAL OR INS give street address) Springfield	d State Farme		2b, KIND OF BUSINESS OR INDUSTRY
A 1 and	* odm	Maryland Maryland	ed lived, if institution. Residence before	13c. CITY OR TOWN 13d ins D€ CITY I GaithersburgYES□ NC	MITS? 13e STREET AND NUMBER	
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	140	Warner Was deceased ever in u.s. Arm			rtha	Beahm
	100.	es, no, or unknown) (if yes give w	ror or dates of service) 220-54-05		Address Records	
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	CERTIFICATION	The state of the s	CONDITION TO RESIDENCE TRANSPER	YES KO	CAUSES OF DEATH?	SNSIDEKED IN CEKTIFFING
	∀	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Year		noture of injury in Port 1 or Port 2, 1	tem 18)
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		couses stated above	s haspital) attended the decease live an19 , (A) (we) (did) (did (68) view the b	d from <u>00/22/65, 19</u> 169, and that in (my) (aur) apii ady after death.		
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7		22d. PHYSICIAN'S NAME (Type) Ball	tir Singh, M. D.	220 ADDRESS Springfie	eld State Hosp.,	Sykes., Md.
	230	BURIAL CREMATION 236 D	DATE 23c NAME OF C	EMETERY OR CREMATORY KLATA	23d LOCATION (City or Town)	(County) (State)
-		FONERAL DIRECTOR	ADDRESS		ROCKVILLE	Monts Md.
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	NON CERT. CERT. CERT. COULC	100	CAUSE OF DEATH	P /	A 19				
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	O DEPUTY necessary, p the funerol 5 may be r O FUNERAL Heolth pive	23 0	BUR AL CREMATION 12	DATE	23c NAME OF CE	METERY OR CREMATORY		- Balt	(County) (State)
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	VID ATEMS FOR	24	FLINERAL DIRECTOR		223900A		25a REC D BY REGISTR	AR 25b REGISTRAR S.S	IGNATIOE
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_	1					D STATE DEPARTMENT OF		
			06742	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
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by b	2	70. 5	IRTHPLACE (State or foreign	7b. CITIZEN OF WI	1 5 77	1/1/201/	9. COUNTY-OF DEATH	8
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completely cove carbar	Š	odmi	11/19/24/AMC	13b COONTY	rrull	WESTYINSTER	No R. D. 2	
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an an	i /		DAVID		HELWIC	5 FMMI	4	(/IRC/IE
ite sose		160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY	17 INFORMANT	Address	R.D.2
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The low ra attending has been	<u> </u>	Ĭ	190. DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
PHYSICIAN: The hospital or atternation of the period of th	- Je	CERTIFICATION				YES NO		
S c e c e	5		210. ACCIDENT WAS UNDER			21c. HOW INJURY OCCURRED (En	ter nature of injury in Part I or Part	2, Item 18)
CA Fare Figure 1974	= 1	MEDICAL	OR CONTR BUTING TANSE OF	DEATH HOUR A.M.	Month Day Year			
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oul S.	=		causes stated ab	ove, (I) (we) (did)	(did not) yiew the	bady after death.		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low range 4 may be retoined by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should have filed with the School of Hacily has Scho		23a	nemotic in the	3b DATE		CEMETERY OR CREMATORY	23d. LOCATION (C'ty or Town)	(County) (State)
5 5 5 £	7	E	CITY & Specify)	5/8/69	Kriders	Cemetery		r, Carroll Co,Md.
VR A1:	ala n	24-	FUNERAL DIRECTOR	1.160	ADDRESS			AR S SIGNATURE
30M REV		4	celound N.	The	Littles	town, Pa. DAMAY	8 1969 Alles	ily Judges



1	1 0	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06749	7
HEALTH DEPT.	1 0	DECEASED-NAME First Middle Losi 20 DATE KNOWN Month Do	Y Yeor 25 HOUD
of -99 - 50	(Type or Print) ARTHUR CALVIN GILBERT DEATH MATED 5-31	1-619 A M
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M3. and market		THE TYPE STOP I THE	19 £ 9 M
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be execut "pending" nief Medica unsit permi		DUE TO, OR AS A CONSEQUENCE OF SELF LEEF VECTOR	
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XAMINER: te the certi ge 4 should your files. 'oge 3 shou cremation.	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.) No	durity Slote
		AT WORK AT WOR	er Irchael
please execute director. Page estained for you DIRECTOR: Page of the point of the place of the p		220. I certify that I taak charge af the remains described obave, held an Autopsy [], Inspection [A], Inquiry [],	and in my opinion
ose e rector gined IRECT to bu		death resulted from. Natural causes Accident , Suicide , Hamicide , Undetermined manner	1 12
YY, pleory, pleor retail		ACTUAL CUERCE SECRETARIAN ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	NED 5/31/69
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O DEPUTY SICAL E		EXAMINER'S NAME (Type)	the garrale
70 the state of th	230	BURIAL CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (CO	ounty) State
	1	FUNERAL DIRECTOR ADDRESS ADD	KD-1110.
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007/1	DIVISION OF VITAL RECORDS	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
06744		CERTIFICATE OF DEATH	0674	4.3
I DECEASED NAME (Type or pant) Su		Lost	20. DATE OF DEATH	2b HOUR
Su 3 SEX	san Katherine			69 Year 10:15 M
female	white	S DATE OF BIRTH 8-10-1903		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
country) Maryland	U.S.A.	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	Carroll	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (if not in bosoutal 120 USI	JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
Sykesville	Springfield	State Hosp. denng n	nost of working life, even if refired)	INDUSTRY HOME
IO. CITY OR TOWN OF DEATH Sykesville 130 USUA. RESIDENCE (Where dece- odmyssion) STATE Aryland 14 FATHERS NAME First Charles 160 WAS DECEASED EVER IN U.S. AF	ised lived, it institution. Residence before	13c CITY OR TOWN 138 INSIDE CITY	11MITS? 13m STREET AND NUMBER	WW. HOINE
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Yes, no. or unknown) (yes give	war or dates of service) 217-28-2		State Hosp. Records	kesville, Md.
	nly one cause per line for (a), (b), and (c)		Journ Hosps Ite Col do	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUS	D BY ATE CAUSE (a)			DETINEEN ONSET AND DEATH
3047	DUE TO, OR AS A CONSEQUENCE OF	A 10.		
Canditions, if any, which gave use to immediate cause (a),	(b)	(a)	3con	-hand.
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	. & Brain	Syndia	MRang
PART 2 OTHER SIGNIFICANT CO	MOITIONS CONTRIB ITING TO DEATH BUT M	OT PERATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART ION OTIC	<u> </u>
Z CRS assoc. W	ith disease of unk	nown or uncertain	cause (Pick's Disea	reaction.
190 DATE OF OPERATION 1912	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
CRS assoc W 19a DATE OF OPERATION 19th 21a ACCIDENT WAS UNDERLY! OR CONTRIBUT HG CAUSE OF DE (If either, notify medical exam 21d INJURY OCCURRED 21e While Not while at work 22a I certify that (X) (1) Saw the deceased of couses stated above 22b SIGNATURE 22d PHYSICIAN'S NAME (Type) Gra 23a B_RIAL (REMATION, 23b 35m(0VA) (Spegly)		YES NO X		
	TH HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Ente	er noture of injury in Part 1 or Part 2, Item	18.)
G CONTRIBUT NG CAUSE OF DE CHIEF CAUSE OF DE CHIEF CAUSE OF DE CHIEF CAUSE OF DE CAUSE OF	iner) PM.			
While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET, FAI	TORY) 21f. LOCATION Street of R.F.D No	c. City or Tawn (c	ounty State
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saw the deceased	live on 5-17-59 e, (1) (we) (did) (did nat) view the	9 and that in (May) (our) op	mion death occurred on the date o	and hour and from the
226 SIGNATURE	e, (1) (we) (ala) (ala nat) view the	body offer death.	27c. DATE	CATALED
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22d PHYSICIAN'S NAME (Type) Care			ringfield State Hos cesville, Maryland	oital
Ula	čito V. Patricio, 1		cesville, Maryland	21784
DEMARKS (C E)		CEMETERY OR CREMATORY	23d. LOCATION (City of Town) (Ci	ounty) (State)
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1 1 12 19	the Andrew	WINDSOR MAY	REGISTRAR 256 REGISTRAR'S SIGN	Joengla
		TACOME SUN		7,5



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K	1		06745	DIVISION OF	F VITAL RECORDS,	301 W. PR	ESTON STREET, BA	LTIMORE, M	ARYLAND 212	01		
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fice	physician en pleas aval, and	1	es, no, of onenown) (If yes giv	e war or dates of service)	213-40-22	72	reston L.	Hale Ro	a. 2 Hamp	stead.	Md.	
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00	end mit. ar			NATE CAUSE (a)	CERE	BRAL	- THER	omBo	2513		11 DI	A12
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4369	by the haspital of attending physician. After this cert ficate has been signed by the attending physician and complete be detached far use as the burial-transit permit. Then please, remove cart State Dept. af Health priar ta burial, crematian, ar remaval, and in any event,		rast	(c)								
) B-	pny program porri		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBI	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GI	VEN IN PART I(o)			
	en tal	25										
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94	ar arrending te has been use as the alth priar ta	CERTIFICATION					YES NO [CALIF	SES OF DEATH?			
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Y Y	ficat for for f Her	ig.	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Month Day Year		· · · · · · · · · · · · · · · · · · ·	TOT HEIDIG OF A	1017 11 1 11 1 1 1 1 1	ni 2, nen 10	,	
Si	the nasprithes cert detached e Dept. a	MED.	(If either, natify medical examination of the control of the contr	niner) P.M.		TOPY 1 DIE 100	ATION Street or R.F.D. I	1	ty or Town			
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E S	RAI RAI Per Se		NAME (Type)				220. ADDRESS					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law	rage 4 may be retained by me n TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac shauld be filed with the State Dep	720	BURIAL, CREMATION, 23b	DATE	23c. NAME OF	CEMETERY OR C	VALOTAMA	724 1001	HOW (Chart T			(6)
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2	5 00		FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16747 06747 CERTIFICATE OF DEATH DECEASED NAME Middle geath. 20. DATE OF DEATH 2b HOUR be executed within 24 haurs after death. (Type or print) Von 80 9M MANI EINEI Oscar 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF JNDER 24 HRS lost hirthdoy) Male White November 10, 1914 physician and campletely f.1ed in by en please remave carbon papers. 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8 MARRIEO TO NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U.S.A. Carroll WIDOWED | DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUT ON (IF not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Carroll Co. General Hosp. INDUSTRY Westminster Building 130 US. AL RESIDENCE (Where deceased led if institution Residence before 13c CITY OR TOWN 3d INS DE CITY LIMITS? 13e STREET AND NUMBER Maryland Carroll Linwood and in any 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle Lost M ddte LO51 Oscar Heiner Six Carrie continuit 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) [(If yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) crematian, ar remaval, the attending puy-220-18-2104 Mrs. Kathleen Heiner, Linwood, Maryland BETWEEN DISST AND DEATH CONGESTIVE Totalta Conditions, if ony, which gove DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p ASERIO SE lewiter rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) prior to Page 4 may be retained by the haspital ar attending as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has CAUSES OF DEATH? far Jse YES [of Health 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. be detached 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21d INJURY OCCURRED directar, page 3 shauld be detache shauld be filed w.th the State Dept 21f LOCATION Street or R.F.D. No. City or Town State County While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 5 , 19 69, ta 5 21, 19 69, that (I) (we) last saw the deceased alive an 8 3/3/19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b S GNATURE ATTENDING → DEGREE PHYS PHYS 22d PHYSICIAN S 22e. ADDRESS 230 BLRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) May 24. 1969 Mt. Olivet Cemetery Hanover, York Co., Penna. 24 FUNERAL DIRECTOR **ADDRESS** 250 REC'D 8Y REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 14 45M 1 69 26 45M C.O.Fuss & Son Taneytown, Maryland



-1/	l	06748	DIVISION OF			ESTON STREET, BALT		IAND 21201		
	Tt.	em#6.FilmGL12				TE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P442 F1501	06746	
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physician. signed by the attending physician and completely filed in by the furbuiol-transit permit. Then please remove corbon papers. Pages I buriol, cremation, or remayal, and in any event, within 72		es, no or unknown) (If yes give	var or do es of service)	16b SOCIAL SECURITY	MA	ORMANT 2S. AGNES L	·CONAW.	Address	SRURG-	PTHI
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIA., CREMATION, 23b	DATE .	23c NAME OF	CEMETERY OR CE		23d LOCATION (City or Town!	(County)	(Stote)
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	1		06749	DIVISIO	N OF VII	AL RECORDS,	301 W. P	DEPARTME RESTON STRI ATE OF C	ET, BALT		ARYLAND 21201		
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0	res that sician. ed by 1 al-trans al, crem		nse to immediate cause (o) stating the underlying cause lost.	DUE T		CONSEQUENCE OF						33, 5	
5	require g phys n signe e buria a buria	Z	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMINAL (DISEASE ORG	ONDITION GIV	EN IN PART 1(a)		
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	ital or tificate of for u	MEDICAL CER	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, notify medical exor	EATH HOU	TIME OF INJU R A.M. MI P.M.	JRY onth Day Year		W INJURY OCCUI	RRED (Enter	nature of inju	rry in Part 1 or Part 2,	Item 18)	
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	OR ATTENI be retained IIRECTOR: A IIRECTOR: A od with the		226. SIGNATURE	11/A		//	oddy difer o	ATTEMORIE	□ MI	ED RECTOR	STAFF PHYS 22c	DATE SIGNED 5-23-69	
	O HOSPITAL OR Page 4 may be O FUNERAL DIRI director, page 3		22d. PHYS CIANS NAME (Type) Oct	avio	. Rui	z. M.D.	/ DOLOK	22e ADDRE	22		. Hospital		ville, M
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: Grector, page 3 shauld Shauld be filed with the	230		DATE May 27		23c NAME OF	CEMETERY OR	CREMATORY			Oh (City or Town)	(County) Balto.	(State)
	VR ANS AV		FUNERAL DIRECTOR itchell-Wieder			ADDRESS		2	Sa RECD 81	REGISTRAR 15	25b. REGISTRAR S	SIGNATURE Que	lak.



力 06750	DIVISION OF VITAL RECORDS, 3		MORE, MARYLAND 21201	
100100	CI	RTIFICATE OF DEATH		06749
1 DECEASED NAME (Type or print)	First Middle ACNE	s HULL	2a. DATE OF DEATH Manth — Day	1969 / A M
3 SEX FEMALE	= NHITE	S DATE OF BIRTH MARCH 8	6. AGE (In years last bethday) YRS	15 UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a BIRTHPLACE (State or foreign country)	75 CITIZEN OF WHAT COUNTRY? (1) (1.5.9.	MARRIED NEVER MARRIED (9. WIDOWED DIVORCED (COUNTY OF DEATH OARROLL	S. Md.
10 CITY OR TOWN OF DEATH	give street gridgess greated fived, if institution. Residence before	CO. GEN. HOSP & THE MOS	Occupation (Kind of work dane of pf working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
130 USUAL RESIDENCE (Where diadmission) STATE ARI		3c CITY OR TOWN 3d #NSIDE CTP. IM NEST MINSTERS NO [EK/ST.
14 FATHER'S NAME First	HAEL Z - WALS		VA C. Z	TOYLE
16a. WAS DECEASED EVER IN U.S. Yes, no, or unknown)	ARMED FORCES? Seque wat or dates at service) 16b SOCIAL SECURITY NO 220 - 28 - 28		ULL WE TIM	REEN ST.
PART I, DEATH WAS (ter anly one cause per line for (a) (b), and (c)) AUSED BY: MEDIATE CAUSE (a)	die arrest	,	APPROXIMATE NITERIAL TO BETWEEN ONSET AND DEATH
Ganditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	eny Thrombo	and the same	2 days
rise to immediate cause stating the underlying co last.				
	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20a AUTOPSY? YES NO	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDER CONTRIBUTING CAUSE!	DEBEATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter r	nature of injury in Part 1 or Part 2,	Item 18.)
While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	RY.) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
22a. I certify that (! saw the deceas) (th's haspital) attended the deceased ed alive an 19 bave, (l) (we) (did) (did not) view the ba	fram 7 7 , 19 6 2 , 27, and that in (my) (aur) apin ady after death	1, to 7, 19 ian death accurred an the do	te and have and fram the
22b. SIGNATURE	us. Harston m	DEGREE PHYS.	D STAFF 22c	DATE SIGNED 5/7/6 4
22d. PHYSICIAN'S NAME (Type)	OHN S. HARSHEY	Ms 22e ADDRESS & Christian.	It Westernit	5, ml
230 BURIAL, CREMATION, REMOVAL (Specify)	5/9/69 KRT.	METERY OF CREMATORY DEAS CEMETERS	23d LOCATION (City or Town)	(County) (State) TER MD
24 FUNERAL DIRECTOR	was I west mis	notor ma DA AN		SIGNATURE .

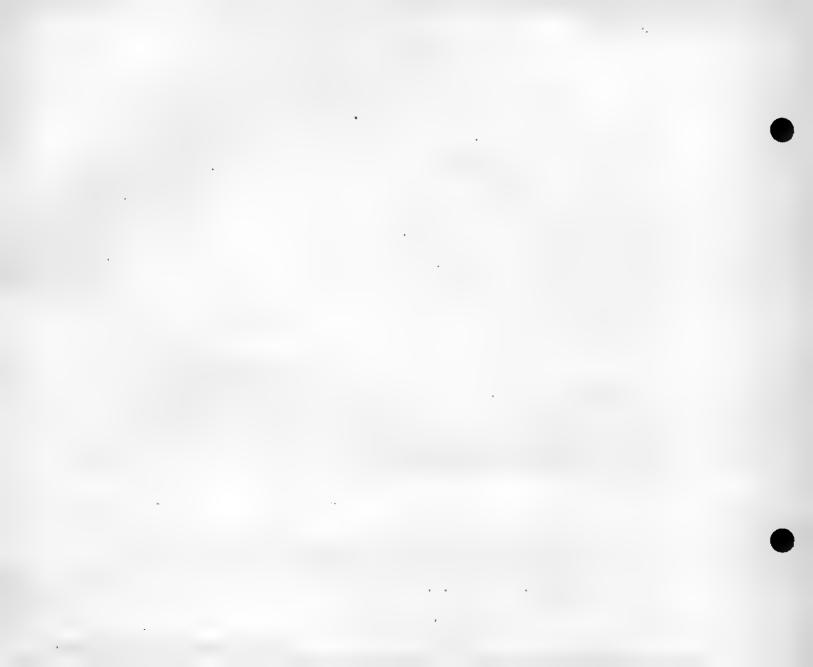
MAKTLAND STATE DEPARTMENT OF HEALTH



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. 2.	1. DECEASED-NAME F	rst Middle	Lost	2g. DATE OF CEATH	2b. HOUR				
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TAL OR ATTENDING PHYSICIAN: The law requires that the Teath certificate be executed within 24 haurs after death tay be retained by the haspital ar attending physician. AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral pages 3 slauld be detached far use as the burial-transit permit then please remaye carban papers. Proving the filled with the State Dept. at fleath priar to burial, crematian, ar remayal, and in any event, within 72 hours after death	odmission) STATE MARS	LAND COUNTY CARROLL	WESTMINISTERS	NO 67 PENN	A AUE.				
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ro Hospital Page 4 may in Funeral I director, pag sitauld II e fill		16 DATE 23/69 23¢ NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
5 5	24 FULLERAL DIRECTOR	ADDR	SS CEMETERY	D BY REGISTRAR 2Sb. REGISTRAR'S	SDENATURE				
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TAI TAI SAI Pa		22d PHYSICIAN S NAME (Type)	(. 03	V 5	-	22e. ADDR	D hr Trick	field State	Hos	spital	,
N 4 T	-		uis I		M.D.			Sykesy		21781		
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	230	BURIAL, (REMATION,	23b DA1		23c NAME OF C				LOCAT ON (City or Tow		(County)	(Stote)
	24	FUNERAL DIRECTOR	1_5-	29-69	ADDRESS	uburr	Cem I	2So. REC'D BY REGI	Baltimore STRAR 25b REGI		Brulan	- F
VR A15		ORTON & D	YETT	F.H. 1	701 Lau	rens		DATMAY 2 9		Lian	les Judy	pl.



11/		06753	DIVISION OF	F VITAL RECORDS,	301 W. PRESTON STREET,	BALTIMORE, MA	RYLAND 21201		
12	l	00100			CERTIFICATE OF DEA	ATH .		0675	9
- -		ECEASED-NAME Fir		Middle	Last	2g. DATE OF	DEATH		26 HOUR
deat	1	(ype or print) Lul	a	Lee	Kennedy	5	Month 19 Da	y 69 Year	6:45 an
	3. 5	X	4. RACE		S DATE OF BIRTH		6. AGE (In years last birthday)	IF JNOER ! YEAR MONTHS OAYS	IF UNDER 24 HRS.
	l	female		nite	4/28/18	93	76 YRS	MONTHS UATS	NONC2 MIN"
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	10.	ITY OR TOWN OF DEATH	11 /	NAME OF HOSP TAL OR INS	TITUTION (If not in haspital 12		(Kind of work done		BUSINESS OR
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		10		215-09-08		Hospital	records,		MATE INTERVAL
		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	an y one couse per l SFD RY			d		BETWEEN O	ONSET AND DEATH
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	CERTIFICATION			HICH OPERATION WAS PE		20b. II	YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
1	TIEG				YES 🔲	NO CAUSE	OF DEATH?		
		21a. ACCIDENT WAS JNDERLY			21c HOW INJURY OCCURRED	(Enter nature of into	ry in Part 1 ar Part 2,	Item 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. Thiner) P.M.						
	3.5			AT HOME FARM STREET, FAR OFFICE BUILDING, ETC	TORY) 21f LOCATION Street or R	F.D. Na City	or Tawn	County	Stote
		at wark at work							
		22a. I certify that 🗯 (this haspital) at	tended the decease	ed fram 3/29/ \$2_, and that in (my) (au	, 19 <u>63</u> , ta	5/19/, 19	69_, that	(we) last
		saw the deceased	ve (the land) (が改成) view the	bady after death.	ur) apinian death	accurred an the de	are and haur	and from the
		22b SIGNATURE	1 /21) (Caranto) Victor IIIe	11		226	DATE SIGNED	
		Marei 4	T'ist THAT	end ma	THENDING PHYS	□ MED DIRECTOR □		5/19/69	
		22d. PHYSICIAN S		1 - 7	ADDRECC ADDRECC	Springi	ield State		tal
		NAME (Type) Na	ci N. Buj	rukunsal, k	1. 0.	Sykesvi	lle, Mary	land	
	230		DATE		CEMETERY OR CREMATORY	23d LOCATI	ON (City or Tawn)	(County)	(Stote)
No.		REMOVAL (Specify)	5/22/69	Park			imore, Mar		
3	24.	funeral director Leonard J Ruc	k Inc Ra	ADDRESS Itimore Ma	rvland	REC'D BY REGISTRAR	969 REG.STRAR'S	S SIGNATURE	edal.
		Leonard o Auc	n Tile Da	a camera con a co	DATE	MAY 20 1	عون المون		0

MAKTIAND STATE DEPARTMENT OF MEALTH



		_	1			ID STATE DEPARTMENT OF		
		1		06754		. 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		06753
	leath. eraí	and 2 leath.		ECFASED-NAME First Type or print) \(\lambda \)	Middle	Lost Kidd	20. DATE OF DEATH Nay Month 13 De	2b. HOUR 2:30M
	s after d the fun	rs, Pages I and Z hours after death.	3. 5		4 RACE White	S. DATE OF BIRTH MARCH 3	1895 6 AGE (In years lost birthday)	H UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN.
	24 haur	Z hour	COU	BIRTHPLACE (State or foreign natry) Md-	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Carroll	Md.
	ertificate be executed within 24 haur physician and campletely filles is by	please remaye carbom papers		Sykesville	give street oddress)	suille Red during	SUAL OCCUPATION (Kind of wark done most of working life, even if retired) SUPERVISOR	126 KIND OF BUSINESS OR INDUSTRY
11	secuted camplet	save car	adm	ission) STATE Maryland		Sykesville YES	NOX MArriotsvi	lle Rd.
	be by	din an		FATHER'S NAME First HACE	Middle Kidd	1S. MOTHER S MAIDEN NAM	SARAL -	Smit-L.
	rtificate shysicia	in pleasival, an	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? wor of dates of service) 16b SOCIAL SECURITY 219 36 3		m B. Kidd Sykes	sville, Md.
	് ഇ	burial-transit permit. Then please remave carbom papers burial, crematian, ar remaval, and in any event, with in 72		18. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE IMMEDI.	nry one cause per line for (a), (b), and (c) BY LATE CAUSE (a)Carcino	na of Lung - cere	bral metastasis	APPROX WATE INTERVAL BETWEEN ONSET AND DEATH 1959
	nt the of	isit per natian		Conditions, if any, which gove rise to immediate couse (a),	(D)			1969
	equires that physician. signed by	al, cremat al, cremat		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
· X	requir ng phy en sign		2	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(o)	
0	The law attendi has be	se as the prior	CERTIFICAT ON	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS P	YES 🔲 NO	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	
	ICIAN: oital or rificate	d far u af Heal	MEDICAL CES	21o. ACCIDENT WAS UNDERLY!! ☐ OR CONTRIBUTING ☐ CAUSE OF DEA [If either, notify medicol exami	HOUR A.M., Manth Day Year iner) P.M.	9	nter nature of injury in Part 1 or Part 2	, Item 18.)
	PHYS the host	detache e Dept.	ME	21d. INJURY OCCURRED 21e. While Not while at work of work	PLACE OF INJURY (AT HOME FARM, STREET, FA			County State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by	r, page 3 should be detached far use as the be filed with the State Dept. af Health priar to		22a, I certify that (I) (th	nis haspital) attended the deceasedlive an May 13, e, (I) (we) (did) (did nat) view the	ed fram, 19 1969_, and that in (my) (aur) bady after death.	9 <u>59</u> , ta <u>May</u> , 1 apinian death accurred an the c	9 <u>69</u> , that (I) (we) last date and haur and fram the
	OR AT be reto DIRECTO	ge 3 sho led with		22b SIGNATURE And	ard E Hall	DEGREE ATTENDING PHYS.	MED STAFF 220	C. DATE SIGNED 5/13/69
	SPITAL 4 may IERAL	ar, pac d be fi		22d. PHYSICIAN'S NAME (Type) Howa	rd E. Hall, M. D.	22e. ADDRESS Colleg	e Ave. Sykesville	
	Page To FUN	directar, shauld b	.230	REMOVAL (Sheafy) 5	-16-69 April	CEMETERY OF CREMATORY	23d LOCATION (City or Town).	(County) (State)
		R ALL AND	24	FUNERAL DIRECTOR HATTA W. 7	Haight Sykisi	Fill 7/11 - DAMA	b by registrary 2sb. registrary 20 1969	s signature

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•	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (3.6.7.5.4.
		06754
	L	CERTIFICATE OF DEATH
hours after death. hours after death. Death of the funeral of the fours after death.	1 D	FECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR Type or print) Month Doy Year
er deat funeral s 1 and ter deat	Ι'	Type or print) & acot H. Krumune Doy Yeor 8 45 M
fur	3. 5	EX 4 RACE S DATE OF BIRTH 6. AGE (In years 1 EUNDER 1 YEAR 1 IF UNDER 24 HRS
the the safe		male white Sept 27, 1877 lost birthdoy) YRS, MONTHS DAYS HOURS MIN
by by by by	70.	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
5 (E 10) S	CON	
2 8 92	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
.트 등 원호	I V	1 a give street oddress) / 28 N. Marw 37 (during most of working life, even if retired) INDUSTRY
with with with with wind wind wind with wind wind wind wind wind wind wind wind	130	JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITOOR TOWN 13d INSIDE CTY (IMITS) 13e. STREET AND NUMBER
e executed with ond completely fremove corbon nony event, with		ission) STATE and. 13b. COUNTY Carrace Wastmenters NO PRELLAZ
Xec OOT VOT	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
ond rem	ļ'	Debene Chaffee
a So o o o o	160	WAS DECEASED EVEN IN U.S., ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address RELIED
that the death certificate be exertion. by the attending physicion and contronsit permit. Then please remote tremation, or removal, and in any	100	(es, no, or unknown) (If yes give wor or dates of service)
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ne deoth cer attending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (0)./(b), c8(g (c))./
e deot attend permit. on, or 1	П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)
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t the	П	Conditions, if ony, which gove rise to immediate course (o). (b) Constantes Course Voscode Neumann
the from the free from the fro	П	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
sicion of the office of the of	П	lost (c)
equires that the physicion. signed by the buriol, cremother buriol	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng ng to t	=	
or the bear of the sign of th	M 55	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The low re he hospital or attending this certificate hos been efacthed for use os the Dept. of Health prior to	CERTIFICATION	YES NO SEC CAUSES OF DEATH?
of use		270. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY . 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
fice files	3	Transfer of Death HOUR A.M. Month. Day Year
rspi spi rent r. o	MEDICAL	(If either, notify medical examiner) P.M. 19 2 Id. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while 10 Not while 1
G PHYSICI the hospirt r this certifi detoched te Dept. of	П	THE THE PARTY OF T
de the de	П	220. I certify tho (1) (this hospital) ettended the deceosed from May 19, 1969, to Mars 22, 1949, that (1) (wa) lost
DING J by th After J be d	П	22o. I certify this (I) (this hospital) ettended the deceosed from May 19, 1969, to May 20, 1949, that (I) (wa) lost sow the deceosed olive on May 26, 1967, and that in (my) (our) opinion death occurred on the date and hour and from the
TEN The the the	١.	couses stoted above, (1) (we) (did) (did not) view the body after death
TA E D SE E	П	226 SIGNATURE 220 DATE SIGNED
18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	П	ATTENDING MED DIRECTOR DIRECTO
A P P P P P P P P P P P P P P P P P P P	П	1226. PHYSICIANY NAME (Type) 1 See 1 S R 3 (C) 1 1 22e ADDRESS
PIT. FRA	١.	NAME (Type) Joseph C Just 191 Heispoland, Musland
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires Poge 4 may be retained by the hospital or attending physici 5 FUNERAL DIRECTOL: After this certificate has been signed director, page 3 should be detached for use as the buriol. should be filed with the State Dept. of Health prior to buriol,	23q	BURIAL CREMATION, 23M DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTO. After this certificate has been director, page 3 should be defacthed for use as the should be filed with the State Dept. of Health prior to		(REMOVELED ST. Bartholomew Cemetery Hanover, Pa. R.D.1, York Co.Pa
• •	24	-FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68 /	K	whard A. Little Littlestown, Pa. DANGUN 2 1969 Journey Judge



-		1				DEPARTMENT OF				
4				DIVISION OF VITAL R	ECORDS, 301 W. I	PRESTON STREET, BAI	LTIMORE, MARYLA	ND:21201		
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	S 60 S	L	<i>—</i> ·	10.		aug: 22,	1891	77 YRS	IONINS, DATES NOO	JKS MIN
_	D 200	70.	BIRTHPEACE (State or foreign	76 CITIZEN OF WHAT COUNTS	Y? B MAPPIED	NEVER MARRIED 2	9. COUNTY OF DEA			
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	ent,	13a	USDAL RESIDENCE (Where decease			R TOWN 13d INSIDE CT	Y JM.157 13e STREET	AND NUMBER		
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	× Zee	14	FATHER'S NAME First	Middle		5 MOTHER'S MAIDEN NAME		Nodella.		
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	ate be executed within 24 haurs after a cream and completely filled in by the lasse regions carbon popers again and serion event, within 72 hours after any event, within 72 hours after any event.	_			LEMAY		NARY	IVIC	1NER	איי
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	phy en ovol		/es, na, ar unknown) (If yes give wa	2/6	-03-4181	MRS J. G. LE	AHY WE	170011	JTTO 1	
	ng p The emo		18 CAUSE OF DEATH (Enter only	one couse our line for (a)	b) and (d)		/ //		AFPROXIMAR R	HEKVA.
	# # E		BARY A OFATA, MARKE CA. CEO.	Dist		1100		100	BETWEEN GNSET AS	
	e death attendi iermit on, or ri) IMMEDIAT	E CAUSE (o)	EBRAL	UMSCULK	IR INSU	SFFICIENCE	J J WK	<u>-2</u>
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	s thot cion. d by the transi		rise to immediate couse (a).(stoting the underlying couse	DUE TO, OR AS A CONSE					7	
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	A 自 語 古 音 古 子	3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month (oy Yeor	(-	10.1	,	,	
		MEDICA.	(If either, notify medical examine	er) PM	H CTOSES SAVADOVA MASS A	2517121				
	PHY his his this etact Dep		While Not while	LACE OF INJURY (AT HOME FAS	ING, ETC	UCARUN Street of K.F.D. I	No City or Fo	WIL	Caurty	State
	10 t = 50 0		DI WORK OT WORK							
	ATTENDING stoined by the CTOR: After the should be do in the State		22a. I certify that (1) (this saw the deceased all	haspital) attended the	deceased fram	4/23 ,19	69, to C	122.196	9 , that (1)	(we) last
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	E i S B t	ı	causes stated abave,	(I) (we) (did) (did nat)	view the bady after	death.	•			
	A ST	L	22b_SIGNATURE	1	0 0	ITTIMONIO	/ wen	22c D/	ATE, SIGNED	
	OR ATTENI be retoined DIRECTOR: A ge 3 should ed with the		Mucoust (A. Francis	/// Sold	REE PHYS	MED STA		12/19	
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	TO HOSPITAL OR ATTENDING Page 4 may be retoined by 1 TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	22	Digital Country on Local Co.	Total Total	Halif of Charges			114/1/2/	101	
	Page O Fun direct shoul	230	BURIAL, (REMATION, 23b D.	17/1/	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (CI	,	(County) (St	tote)
	5-5-04	L	ISURIAL SI	16/69 3		77H. CEM.	WEST		2 MD	4
	VR A15 . 12	24	FUNERAL DIRECTOR	9'	ADDRESS .			25b REGISTRAR S S		
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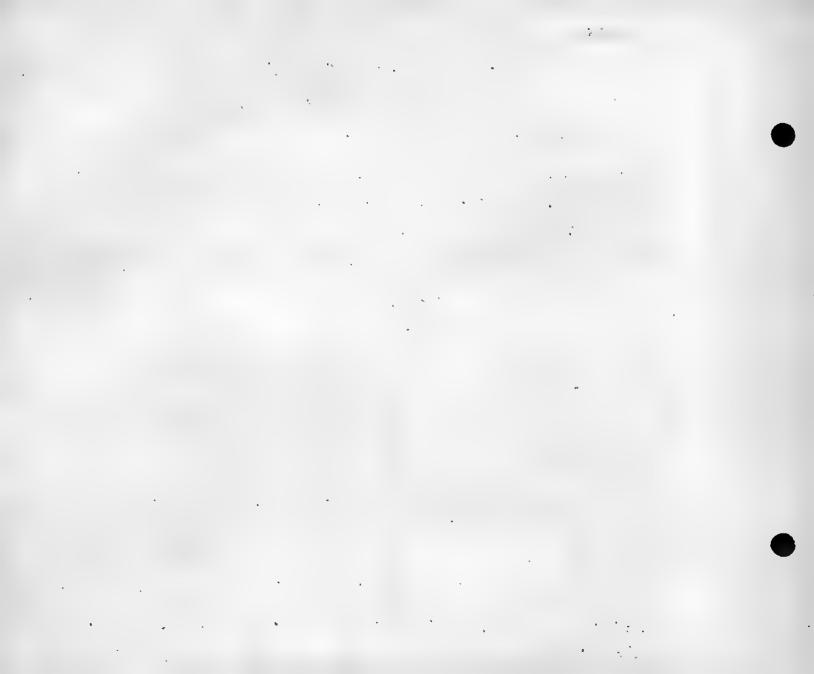


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	П	06757		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	6756
- 8-	1.6	DECEASED-NAME First	Middle	CERTIFICATE OF DEATH		
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fune fune er d	3 5		14 RACE	5 DATE OF BIRTH	MAY 17,	1969 9:45 M
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- of the second	70	BIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pery		Maryland	U.S.A.	WIDOWED DIVORCED	Carroll	Md.
within 24 the in filled in papers		CITY OR TOWN OF DEATH Sykesville	II NAME OF HOSPITAL OR IN: give street oddress) Springfield S	State Hospital durng m	AL OCCUPATION (Kind of work done ost of working life, even if ret red) Der Hanger	126 KIND OF BUSINESS OR INDUSTRY
AN: The law requires that the death certificate be executed within 24 hours after death all ar attending physician. It is a seen signed by the attending physician and completely fulled in by the funeral far use as the burial-transit permit. Then please remave carbon papers Pages, I and 2 Health prior ta burial, crematian, ar remaval, and in any event, within 72 has atterdeath	13a adm	USUAL RESIDENCE (Where decease ission) STATE Maryland	ed lived, if institution Residence before 136 COUNTY Baltimore City	13c CITY OR TOWN 3d INSIDE CITY .		eet
any ony	14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F	irst Middle	Lost
be n ar Se r din		George	A. Lindsa		nnie	Rogers
requires that the death certificate be physician. signed by the attending physician are burial-transit permit. Then please is a burial, crematian, as remayal, and in	160	WAS DECEASED EVER IN US ARM (es no, ar unknown) 1942 -	ED FORCES? 16b. SOCIAL SECURITY I		Address gfield State Hosp	
cer The The		18 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endir nit. ar re	1	PART I DEATH WAS CAUSED	RY	ary artery embolism		Recent &
atte perm an,		2149	DUE TO, OR AS A CONSEQUENCE OF			
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equires t physicia signed t burial-tr		last.	(c)			
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The atte	I H			YES 🛣 NO 🗆	CAUSES OF DEATH?	
YSICIAN: 1 aspiral ar certificate i.hed far us	ਭ	21a. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical examin	HOUR A.M. Month Day Year		nature of injury in Part 1 or Part 2, H	tem 18 }
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u Schauld be filed with the State Dept. af Heal	MED.		PLACE OF INJURY (AT HOME FARM STREET FAC OFFICE BUILDING, ETC.		City ar Town	County State
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ITAI may RAL Po		22d PHYS CIAN S NAME (Type) Octavi	io A. Ruiza M. D.	_	ngfield State Hos	A
OSP Page 4	23.0	BURIA., CREMATION, 23b D		CEMETERY OR CREMATORY	ville, Maryland 2	21784
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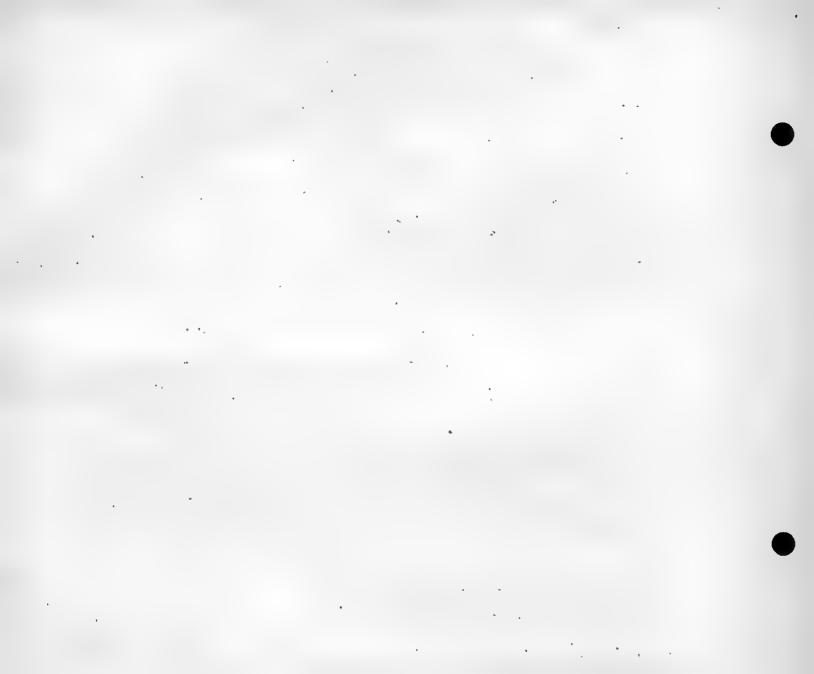
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	= -==		ECEASED NAME First		Middle		Last	20.	DATE OF DEATH	-0-0-(-0-,	2b. HOUR
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	草	3. 5		4. RACE			S. DATE OF BIRTH		6. AGF (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ours affe		male	white	2		9-5-89	9	last birthday)	MONTHS DAYS	HOURS MIN,
	24 haurs ed in by ppers. Pa	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRIES	9 00	UNTY OF DEATH		
	24 th		Marvland	U.S.S.		WIDOWED			rroll		Md
	e executed within 24 haurs after death and completely filled in by tastures and 2 leads on any exercise pages, Pages, and any event, within 72 hours after death		CITY OF TOWN OF DEATH Sykesville	guye str	ME OF HOSPITAL OR IN: reet oddress) ingileld	State	Hospita.		UPATION (Kind of work done working life, even if retired) "Ed"		BUSINESS OR
	cuted on plet	13o. adm	USJAL RESIDENCE (Where deceor iss on) STATE Maryland	13b COUNTY Carro	n. Res dence befare			INSIDE CITY L MITS?	13e STREET AND NUMBER Box 70		
	be exe	14.	FATHER'S NAME First Richard I	Middle Lippy	Last	15	Elizabe	N NAME First eth Mill	Middle er	· · · · · · · ·	Losi
	hysician d n please val, and ir	160	WAS DECEASED EVER IN U.S. ARA (es, no. ocunknown) (If yes give v	AED FORCES? yar or dates of service}	220-09-\$2		nformant Spriingfie	eld Stat	Address te Hosp., Syke	sville.	Md.
6110	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely full director, page 3 shauld be detached for use as the burial-transit permit. Then please temave curban postering the shauld be filled with the State Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within the share the state Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within the state Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within the state Dept.	MEDICAL CERTIFICATION	Conditions, fony, which gave use to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE SIGNIFICANT OF THE SIG	DUE TO. OR AS (b) DUE TO, OR AS (c) NOTITIONS CONTRIBUTE CONDITION FOR WHICH AG 21b T ME OF INJURY (7) IF HOUR A.M. PLACE OF INJURY (7) is haspital) after inverse in the contribute of injury (7) (c) (c) (c) (d) (e) (c) (c) (c) (d) (d) (d) (d)	A CONSEQUENCE OF A CONSEQUENCE OF NG TO DEATH BUT N H OPERATION WAS PE INJURY Month Doy Yeor INT HOME FARM, STREET FACTORICE BUILDING, ETC. Inded the decease Inded the decease	OT RELATED TO REFORMED 21c. HO g TORY 21f. LO ed fram g , and bady after of DEGR V. D. CEMETERY OR	200. AUTOPSYTY YES DOWNINJURY OCCURR DOCATION Street or 5-16-59 d that in (019); death. EE ATTENDING PHYS 22e. ADDRESS	SEASE OR CONDIT	CON GIVEN IN PART I(a) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH? e of injury in Part 1 or Part 2 City or Town to 5-25-59, I death accurred on the company of the comp	CONSIDERED IN CE County County SATE SIGNED ATE SIGNED COUNTY COUNTY	RTIFYING State (State) (State)
	VR AIS WAS		FUNERA DIRECTOR ASIL	U234m		Settl	Ban DA	REC D BY REG	STRAP969 256 REGISTRAR	S SHONATURE	se.
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	-	- 1			D STATE DEPARTMENT OF		Mobile of
		-1	0.6750	DIVISION OF VITAL RECORDS,			16750
		-1	06759		ERTIFICATE OF DEATH		06758
death.	eral and 2 death.		DECEASED-NAME First (Type or print) ANG	5LINE VIRGIN	IA MAG-IN	20. DATE OF DEATH Month Day	Yeor 4 2b. Hours
after (in by the funeral repeas 1 and 2 I havr's after death.	3	FEMALE	4 RACE WHITE	S. DATE OF BIRTH AUG. 14,	1900 6 AGE (In years last bythday) YRS.	IF UNDER 1 YEAR OF JNDER 24 HRS MONTHS DAYS HOURS MIN
- hours	Z hon Z	7	o. 81RTHPLACE (State or foreign auntry) MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH CARROLL CE) · Md.
ithin 2	y filled an paga vithin 7	Ī	D. CITY OR TOWN OF DEATH WESTMINSTE	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a, US	UAL OCCUPATION (Kind of work done mast at warking ofe, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
uted w	ind campletely fremave carban any event, with	1	30. USUAL RESIDENCE (Where deced	sed lived, if institution Residence before 13b. COUNTY ARROLL	13c CITY OR TOWN 13d, INSIDE CITY	LIMATES 13e. STREET AND NUMBER NO P RFD #	
эехе е	and ca remay in any (7	4 FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
faw requires that the death certificate be executed within 24 hours after death	Page 4 may be retained by the hospital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 shauld be filed with the State Dept.	İ	6a, WAS DECEASED EVER IN U.S. AR	WED FORCES? 16b. SOCIAL SECURITY I		P. MAGIN Address S	AME
ert	4 Page 2	ŀ	I to court of peatly (falls			()	APPROXIMATE INTERVAL
ath o	mit. Th	-		oly ane cause per line far (a), (b), and (c). D BY: ATE CAUSE (a)			BETWEEN ONSET AND GEATH
9	erm an, a	- 1	L CI ()	DUE TO, OR AS A CONSEQUENCE OF	710-1111		
ŧ	sit p	- 1	Canditions, if any, which gave rise to immediate cause (a),	(b) URINA	21 TRACT IN	IFECTION .	WEEKS
s tha	d by Il-tran	-	stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	,		
JU.	physicic signed burial-tr burial, c	- 1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
, , ,	ng Fen s en s he b tab	_		aberes n	MELLITUS		
Je .	atte has se a	(19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
CIAN:	ital ar ificate I far us if Healt	Ì	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF ORA (If either, natify medical exam	NG 215. TIME OF INJURY TH HOUR A.M Month Day Year ner) P.M.		ter nature of injury in Port 1 or Port 2, 1	tem 1B.)
PHYSI	he hospital ar attending this certificate has been etached far use as the Dept. of Health priar ta		21d. INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. N		County State
S	oy the term term to de de de tate	- 1	22a. I certify that (I) (th	is haspital) attended the decease	ed from 5/22, 19	69 ta 5/25, 196	69 , that (I) (we) last
TEND	OR: Af auld to the S	1	saw the deceased of causes stated abov	is haspital) attended the decease live an1 e, (!) (we) (did) (did nat) view the	965, and that in (my) (aur) a bady after death.	pinian death accurred an the da	te and haur and fram the
OR AT	De reto		226 SIGNATURE	I Proces		MED. STAFF 22c, C	PATE SIGNED
PITAL	ERAL DE TY, pag I be file	,	22d PHYSICIAN'S NAME (Type) DING	EN 2. F10000 S	P. M.D. 22e ADDRESS HO	IR ST. WESTMI	NSTER MD
O HOS	Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt		3a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	- 1 - 1 / 2 - 1 -	CEMETERY OR CREMATORY PARK METH. CEN	23d. LOCATION (City or Town)	(County) (State)
<u> </u>	VR ATS AT	3	4. FUNERAL DIRECTOR	o. gr. Westmister		BY REGISTRAR 2Sb. REGISTRAR S	SIGNATURE What General
		1	- C'				



•	1		06760	DIVISION OF V	ITAL RECORDS, 30	I W. PRESTON STREET	, BALTIMORE, MARYLAI	ND 21201	~ = 0	
			170100		CE	RTIFICATE OF DE	ATH	067	759	
	= -2=		ECEASED NAME Firs	t	Middle	MAGIN	2g. DATE OF DEATH		,	26. HOUR
	death.	1	Ype or print)	nge	w.	magen	. may "	anth Pay	1989	2P.M
		3. 5	X	4. RACE		S. GOT OF BIRTH	6. AG			JNDER 24 HRS
	rs of		Mole	white		4-1-	· 79	birthday) MONTH	HS DAYS H	DURS MIN.
	by the formal property of the formal property haurs affer	7a.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY? 8	MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
	24 haurs ed ir by apers Pa	4	alem md.	USA.	V	IDOWED DIVORCED	1 Corroll			Md
	fille fille	10.	ITY OR TOWN OF DEATH	II NAMI	E OF HOSPITAL OR INST TO	TION (If ngt in haspital 1	20 USUAL OCCUPATION (Kind	af wark dane 12s	b KIND OF BUS	SINESS OR
	with bon bon		roschester, 2	md, for	green nu	-any 1 from	luring mast of warking life, ex	- Relieved	IDUSTRY	
	cte be executed within 24 I		USUAL RESIDENCE (Where dece ssign) STATE	osed lived if institution 13b. COUNTY A	Residence before 13	CITY OR OWN T3d. II	SIDE CITY L MITS? 13e. STREET A			
	ecut cam ove y ev		ma		anvel (Uestimusle 163	1 NOT RELL			
	e ex	14	FATHER'S NAME First	Middle	MAG	N 15 MOTHER'S MAIDEN	NAME First	Middle	٥.	Last
	2 S S S S S S S S S S S S S S S S S S S		Jen	ge Hen	y may		Kose		DING	Le
	의 <u>하고</u>	160	es, no, ar unknawn) (If yes give	wor or dates of service)	6b. SOCIAL SECURITY NO.	17 INFORMANT	16 10	Address	REA	#6
	A PA		700		112-50-07	14 Withen	Magaw Jon	. Westing	APPROXIMATE	WITCONG!
	attending to permit. The ian, ar remo		1B. CAUSE OF DEATH (Enter of	inly ane cause per line : FD RY	for (a), (b), and (c).)	/1 4	7, 2	-	BETWEEN DINSET	AND DEATH
	attendi attendi permit.		PART 1 DEATH WAS CAUS		Congeste	re / feur	Transmil		12 hr	2
	he at		Canditions, if any, which gave		A CONSEQUENCE OF	- te 110	1 0 "	e e	51	~ (
m	the variety of the next permatric		rise ta immediate cause (a)	(D) OD 45	terrorate	make Itel	and / every	e !		/ 3 .
V.	equires that the death certification. Signed by the ottending phyburial-transit permit. They burial, cremation, ar remova		stating the underlying couse lost.	DUE TO, OR AS	A CUNSEQUENCE UF	All Earn	inheren	15 mars	6 V	1-5-
10	requires g physici signed burial-t			ONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT I	FLATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PA	IRT (O)		,
1%	req ng p	l	Come D.	1 + 64	1		in 11. to my	eliter		
	he law reattending has been e as the h prior to	NO.	19a. DATE OF OPERATION 19	. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED 20g. AUTOPSY?	20b. IF YES, W	VERE FINDINGS CONSID	ERED IN CERT	IFYING
	AN: The law rail at a strending incore has been for use as the Health prior to	CERT.FICATION				YES 🗀	NO CAUSES OF DE	ATH?		
	AN: 1 or or us Healt	18	210. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCURRE	D (Enter nature of injury in Po	ort 1 ar Part 2, Item 1	18.)	
	rsician: aspital ar certificate thed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DE		Month Day Year					
	NNG PHYSICIAN by the haspital (flet this certifica be detached far State Dept af He	ME	21d INJURY OCCURRED 21) 21f. LOCATION Street or I	R.F.D. Na. City or Tav	rn Cai	unty	State
	by the has ther this ce be detache State Dept		While Not while at work	, ,	THE BUILDING, ETC.	1 ,	/			
	by the fifter per control of the con		22a. I certify that (1) (1	his h <mark>ospital) atten</mark> i	ded the deceased	rom 2/20	., 1967 , to 5 /	2 <u>3_, 1969</u>	, that_(t)	(we) last
		ı	saw the deceased couses stated above	olive an 5/1	_319 &	4, ond that in (my) (c	our) opinion deoth occurr	ed on the dote or	nd hour bni	a from the
	ATTENDIN stained by CTOR: After shauld be rith the Sta		22b. SIGNATURE	re (1) (we) (bid) (di	id not) view tile bot	y offer death.		22c DATE	KIGNED /	
	be retained by the retained by the pirector. After ge 3 should be ged with the State		W	Trous	-1	DEGREE PHYS	MED STAF		- /	9
	AL (22d PHYSICIAN'S SAB		1 1 1	22e. ADDRESS	/ /	7	0/0/	
	O HOSPITAL OR ATTENIE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld Should be filed with the		NAME (Type) VV	ITTOAT	d MI.). MA	Ncheste	- ud		
	O HOS Page 4 O FUNI directo	23a	BURIAL CREMATION, 236	DATE		ETERY OR CREMATORY	23d LOCATION (City	or Jown) (Co	ionty)	(Ștate)
	22 25 61		REMOVAL (Specify)	7-16-1969		sville	Inylotsi	, /le , CAPPI	11. 1	10.
	VR AND NO	24.	FUNERAL DIRECTOR	54. 5.k	ADDRESS	2Sa	RECTO BY REGISTRAR 25	b REGISTRAR'S SIGNA	ATURE	
	30M REVIVE 68	16	M. Walt. DO	(JKI Sylles)	1116 / 1119.	r3.a	AAY 2 7 1969	& Charles	mage	100

MAKTLAND STATE DEPARTMENT OF HEALTH



1 14	1 4	16761 15/69 kk MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	It	em6 FilmG413 6/9/69 kk CERTIFICATE OF DEATH	06760
de off.		ECEASED NAME First Biddley lost 20 DATE OF DEATH Type or print) HOLFRY Biddley Main Doy	Yeor 2b Hour
24 hours after death a in by-the-tanean pers. Portes and 72 hours of the death	3. 5	Male White 64-13 1955 (631/4 YRS.	F JNOER 1 YEAR OF JINOER 24 HRS. MONTHS OAYS HOURS MIN
24 hour d in by pers. P	€00	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH OF WIDOWED DIVORCED 9. COUNTY OF DEATH OF WIDOWED DIVORCED PROCED P	Md
E PESTE		Syke siffe give street address) for state Hospit. during most of working ite, even it retired)	126 KIND OF BUSINESS OR INDUSTRY
completely ove carba		USUAL RESIDENCE (Where deceosed lived if institution; Residence before 13c (ITY OR TOWN: 13d MISIDE CTYLM 159 13e STREET AND NUMBER 1ssion) STATE Mary onthe 13d COUNTY Charlotte Hagezitown YES NO 37 E. Baltima	rest.
be exc n ond ie remi	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Marry Heiman	Lost
requires that the death certificate be executed physician. signed by the ottending physician and comple burial-trans, permit. Then please remove can burial, cremation, or removal, and in any even	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (It yes give wor or dates of service) 272-08-6847 Hospital Decalos.	
ne deoth cer ottending p permit. The		18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) PART 1. DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) Carcinoma of lung with metatesis, neck,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne dec otten permi		DUE TO, OR AS A CONSEQUENCE OF adrerals, ribs	months
not th n. y the ons,† g		(b) Gangrenous abscess of lungs Gangrenous abscess of lungs DUE TO, OR AS A CONSEQUENCE OF	days
equires tho physician. signed by bural-from		last. (c)	
require signature of the pure to burn	z	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law re ottending has been se os the th prior to	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CON CAUSES OF DEATH?	NSIDERED IN CERTIFYING
PHYSICIAN: The law r he haspiral or offending this certificate has been letoched for use os the a Dept. of Health prior to	MEDICAL CER	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2 Its or P	em 18.)
S PHYSICIAN the haspiral this certifical defoched foil e Dept. of He	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town of work at work	County State
by there start		22a. I certify that (1) (this haspital) attended the deceased from 1-7-1, 1967, to 1969, saw the deceased olive on 1969; and that in (my) (our) opinion death occurred on the data causes stated abave, (1) (we) (did) (did not) view the body after death	that (1) (we) last e ond hour ond from the
OR ATTEND OR ATTEND DIRECTOR: A P 3 should ed with the			ATE SIGNED
O HOSPITAL Poge 4 may O FUNERAL director, pog should be fill		22d PHYS CIANS NAME (Type) SUHA OZGUN 22e ADDRESS SPRINGFIELD State Hosp.	if on f. sykesuffe
O HOS O FUN direct	23o	BURIAL, CREMATON, 23b DATE 23c DAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) PREMOVAL (Specify) JUNE 2-1969 RESTLANCE LEMETERY HAGERSTOWN	(County) (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR	CANTURE
45M - 1/69		trank of Mennik Hageislaum Md MARIN & 1000	0

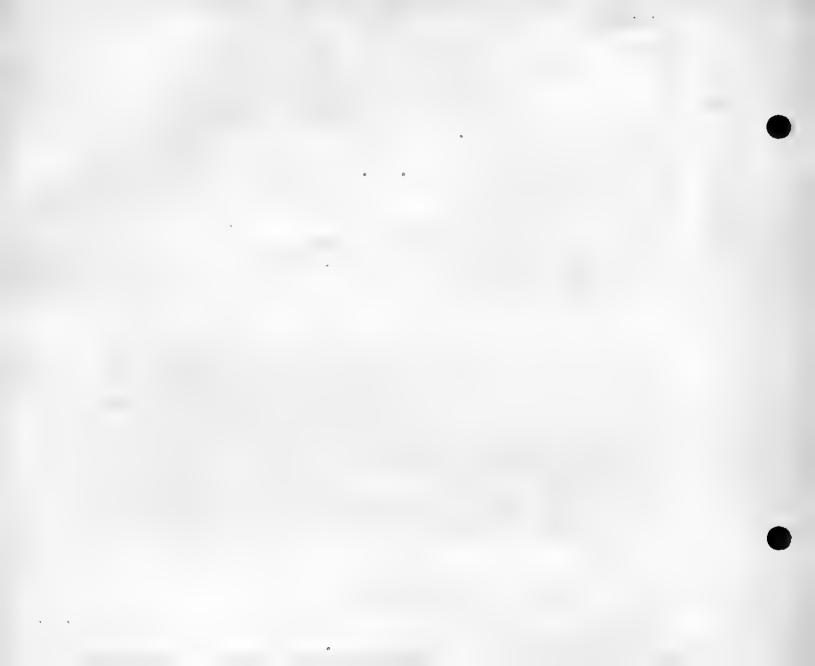


, I			D STATE DEPARTMENT OF			
, (16762	DIVISION OF VITAL RECORDS;	IMORE, MARYLAND 21201	06761		
{Түр	ASED NAME First	'/// L M ddle	MAPLE	2q DATE OF DEATH Month	t 10%9 1345A	
3 SEX	Male	4. RACE White	July 3, 191	6 AGE (In yedrs lost burthday)	IF UNDER TYEAR IF LADER 24 HRS. MONTHS DAYS HOURS MIN	
7o BIR	TUDIACE (State or former	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	(2)	
Country	Oklahoma Oklahoma	USA	WIDOWED DIVORCED	Carroll Count	4	
W	lestminster	11 NAME OF HOSPITAL OR INS give street oddress) Carroll Coun	ty Gen. Hosp. during m	AL OCCUPATION (Kind of work donors of work ng life, even fretired Spector	12b. KIND OF BUSINESS OR 1 D.STRY Petroleum C	
admissi	on) STATE aryland	flived if institution. Residence before 13b COUNTY Carroll	TICE ONLESSED CO.	RD 6 Box	39-B	
14 FAT	HER S NAME First	Middle Lost . Maple	15 MOTHERS MA DEN NAME F	irst M.ddle	Gage Lost	
16a W Yes,	AS DECEASED EVER IN U.S. ARME			e RD 6 Westmins	ter, Md.	
Co n: st: lo	PART I DEATH WAS CAUSED IMMEDIATION on distributions, if only, which gove se to immediate couse (a), oring the underlying couse st	DUE TO, OR AS A CONSEQUENCE OF	retive abstru	l'abelietes	APPROXIMATE RITERIA. BENEFIN ONSE AND DEATH DESTRUCTION CREOMYCH	
CERTIFICATION 15	Celect	NOTION FOR WHICH OPERAT ON WAS DET 21b. TIME OF INJURY	OF PETATED TO THE JERMINAL DISEASE OR CALL OF THE PETATE OF THE JOB AUTOPSY? LIVE YES NO TO THE JERMINAL DISEASE OR CALL OF THE JOB AUTOPSY? 21c. HOW INJURY OCCURRED (Enter	206. IF YES, WERE FINDING CAJSES OF DEATH?	S CONSIDERED IN CERT FYING 2, Item 18)	
VEDI (III	either, notify medical examine	r) HOUR A.M. Month Day Year P.M. 19 ACE OF INJURY (AT HOME, FARM STREET, FAC	10RY) 21f LOCATION Street or RFD No	City or Town	County State	
27	2a Lertify that (I) (this saw) the deceased aliv	hospital), attended (herdeceose ve on 1 1 (1) ((mp) (did) (did) (view the l	9 (C.4, and that in (my) (sour) opinody after death.	nion death occurred on the	19/09, that (I) (wa) as date and have and from th	
22	d PHYS CLANS NAME (Type) RCLAR	JY. DALRYM	DEGREE PHYS DO DE LA DESTRESS CONTROL PROPERTY OF THE PHYSICAL PHY	PACE ST PRYS. []	5/1/69.	
23o BI RE	UR AL CREMATION, 23b DA EMOVAL (Specify) Buria May		EMETERY OR CREMATORY	23d LOCAT ON (City or Town) Bartlesville,	Oklahoma (Stote)	
24 FUI	NERAL DIRECTOR Thomas	o Pictohet ADDRESS er 254 E. Main St		Y REGISTRAR 8 1969 25b REGISTRAL	RS SIGNATURE	



		06763	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STREET	, BALTIMOR	E, MARYLANI	21201		
		1717 6 1717	CERTIFICATE OF DEATH							52
		CEASED-NAME Fir		Middle	Lost	1	DATE OF DEATH	el. Davi	Van	2b. HOUR
	[[]	Abe or built) ED	NA	E.	MARING		MAY MOI	th 7 Doy	1969	8 PM
	3 SE		4. RACE		S. DATE OF BIRTH		met la	(In years		HOURS MIN.
		Female		White	August			irthday) YRS.	MORITIS ONIS	MIN.
	70 B	IRTHPLACE (Stote or foreign	76 CITIZEN OF W		8. MARRIED 🔲 NEVER MARRIED	9. 000	INTY OF DEATH			
		maryland	U.S		WIDOWED X DIVORCED	+=-	Carro			Md.
4		or fown of DEATH Westminster	11 give Ca	street address)		luring most of v	JPATION (Kind of work ng life, eve 1150wif f	n if retired)	125. KIND OF BI INDUSTRY	JSINESS OR
	13a	USUAL RESIDENCE (Where dece	ased lived. I institu	itian Residence before	13c CITY OR TOWN 13d IN	VISIOE CITY LIMITS?	13e. STREET AND	NUMBER		
	admı	ssion) STATEMaryla	nd 13b. COUNT	arroll	Westminster YES	₩ NO □	59 W.	Main	Street	t
	14. F	ATHER'S NAME First	Mrddfe	Last	IS MOTHER'S MAIDEN	NAME First		Middle		Last
		Hen		Wel		018	via		Penn	
	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECURITY I				Address		
		es Too nuknown) (if yes giv		218-54-2	691 Mrs. Gla	dys Ar	baugh	Same		3
		18 CAUSE OF DEATH (Enter	anly ane cause per	line far (a), (b), and (c).						ATE INTERVAL SET AND DEATH
	П	PART I. DEATH WAS CAU	DIATE CAUSE (a)							
	Н	4010		AS A CONSEQUENCE OF						
		Canditions, if any, which gavise to immediate cause (c)	(D)	- 1/	www.				-	
		stating the underlying cause		AS A CONSEQUENCE OF						
		iest,	, (c)	LITING TO OFFICE DUTIES	AT DOLLARD ON THE PERMANEL DAY	TACK OD CONDIN	Out officer last many	7 17 \		
		PART 2 OTHER SIGNIFICANT C	Cours CONTRIB	tui le	OT RELATED TO THE TERMINAL DIST	EASE OKTONUITE	ON GIVEN IN PAK	1 1(0)		
	CERTIFICAT ON	190 DATE OF OPERATION 19	b. CONDITION FORW	HICH OPERATION WAS PE	REFORMED 200 AUTOPSY?				ONSIDERED IN CER	RTIFYING
	E S				YES 🗌	NO G	CAUSES OF DEAT	H?		
		21a. ACCIDENT WAS UNDERLY	TING 215 TIME	OF INJRY	21c. HOW INJURY OCCURRE	D (Enter noture	e of injury in Port	1 or Port 2,	Item 18.)	
	MEDICAL	or contributing cause of o	FATH HOUR A.M miner) P.M	. Manth Day Year 19						
	×	21d INJURY OCCURRED 21	e. PLACE OF INJURY	(AT HOME FARM, STREET, FAC	TORY) 21f. LOCATION Street or I	R.F.D. No	City or Town		County	Stote
		at work at work								
		22a. I certify that (!) (this hospital) of	tended the decease	od from 4 29 9 69, and that in (my) (a	_, 19 <u>67</u> ,	to men	7, 19	thot	(1) (we) lost
		saw the deceased	ol ve on) (did not) view the	Y <u>.c7.,</u> and that in (my) (a	our) opinion	deoth occurre	d on the do	ate and hour o	nd from the
		22b. SIGNATURE	10, (1) (110) (010	((are are i) victo inc				22c	DATE SIGNED	
		Julia	-5, 14	rohm	DEGREE PHYS	DIRECTO	R STAFF		5h/	G
ŧ		22d. PHYSICIAN'S		,)(MB 220 ADDRESS		16-		-	<i></i>
		NAME (Type)	HN S. K	IARSHEY	MD 80	lively	we w	extra	meta	- wal
	23o.		DATE	23c, NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (City of		(County)	(Stote)
		REMOVAL (Specify) Burial	5/10/196		el Cemetery			Ca	rroll,	1d.
-	24.	FUNERA DIRECTOR M. Waltz	Box 241	Sykesvi	13.0 Md 250	REC'D BY REGI	1969 25b	AFOISTRAR S	SIGNATURE	٠ :
X	Ι ΄΄	110 11011029	JUA LITT	DAVERAT	TTG DA	E, ,	,000		0	

MAKILAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 06764 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06763 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) JANE DASTE 3. SEX 4 RACE 6. AGE (In years IE UNDER YEAR physicianitand completely filled in by the item please remaine carbon papers. Pages FEMALE lost b thdoy) MONTHS HOURS MARCH 25, 1874 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country] PARROLL CO WIDOWED Z DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito TO CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. K ND OF BUSINESS OR during most of working life, even if retired) and im any event, if nstitution Residence before 3e. STREET AND NUMBER odmission) STATE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First MARGARE 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) ar remayal, 18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b) ond (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) BETWEEN ONSET AND CEREBRAL VASCUL crematian, Conditions, if only, which gove) ATHEROSCLEROTIC- CAP DIOVASCULAR burial-trainsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO FT Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 210. PLACE OF INJURY / AT HOME, FARM STREET FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 220 I certify that (I) (this haspital) attended the deceased from 5/14 . 1960 7 , ta 5-/14 1965, and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive on ____ 3 shauld causes stated above. (1) (we) (did) (did nat) view the body after death STAFF PHYS PHYS CIAN S 22e ADDRESS NAME (Type) BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) 2SO RECD BY BYGISTRAR



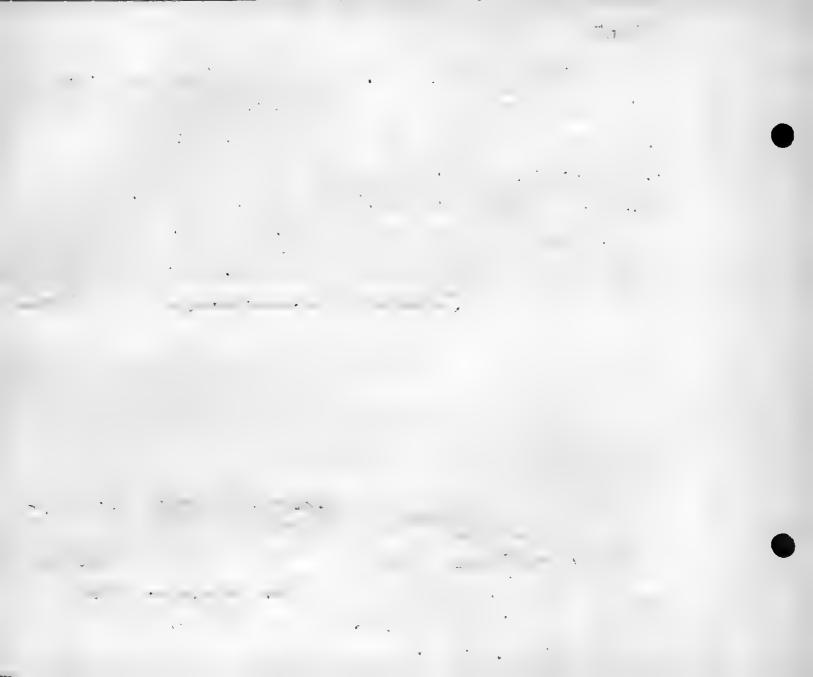
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	를 _2록			CEASED NAME First		Middle		Last	2	a. DATE OF DEATH			2b HOUR
	death.		(1	ype or print) ALI	CE	ESTER	LLE	MATH	450	Manth Manth	Day	1969	QUE M
			3. SE	X	4. RACE			S. DATE OF BIRT		6. AGE (II	n vears	IF UNDER 1 YEAR	IF UNDER 24 HRS
	# (200 B)			FEMALE	h	HITE		DEC.3	1,1889	last birt	hday)	MONTHS DAYS	HOURS MIN
	S (S S)		_	BIRTHPLACE (State or fareign		WHAT COUNTRY?	B			OUNTY OF DEATH	YRS.		
	aquires that the death certificate be executed within 24 haurs after death physician. Signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban parent. Received burial, cremation, ar removal, and in any event, within 72 hours after death		caur					IED NEVER MARRI	LW		1.		
	24 j		_	MAKY LAND		S-A.		/ED DIVORCI		PARROLL	0.	1	Md.
	ficate be executed within 24 ysician and campletely filled please remave carbon pareal, and in any event, within 75		10 0	ITY OR TOWN OF DEATH	II.	NAME OF HOSPITAL OR	NOTITUTION	(If not in hospital	12a. USUAL O	CCUPATION (Kind of v	wark dane	12b. KIND OF I	BUSINESS OR
_	within tely fill ban po within		h	ESTMINSTER	1	APPOLL CI	-GEA	1. Hospt.	1101	15 = W1	FE	INDUSTRI	
11	# # # # # # # # # # # # # # # # # # #		13a	USUAL RESIDENCE (Where decease	ed lived, if inst	lut an Residence befa			d. INSIDE CITY LIMITS?				
(A	executed and cample emave ca any even	7+	admi	ssion) STATE MARYKA	13b. COUNTY	MARROLL	WES	MINSTER	YES NO	138 W/	11155	7.	
	d ch		14. [ATHER'S NAME First -	Middle	Last		IS MOTHER'S MÁID	DEN NAME First		Middle		Last
- 1	an an in o			FREDE	DIND 9	>. MILL	FP		A21	PF		FIII	TOAL
	te k		160	WAS DECEASED EVER IN U.S. ARA		116b. SOCIAL SECURI		17 INFORMANT	1160	CL	Address	100	MINSTER
	ical Asic ple		Y	es, na, ar unknawn) (If yes give w	or or dates of service)			MRS HARI	DUGF	n1/4 4/11	//((7	, NEST	MINISTER
	ne death certifi attending phy permit. Then jan, ar removal		H	NU				MAS MARI	xy 5.21	111611, 1012	-/3 4/	APPROVIDE	AATE INTIDUAL
	h co			18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (o), (b), and	(c).)					BETWEEN OF	VSET AND DEATH
	ear ar r			IMMEDIA	ATE CAUSE (a)								
	afte an,			4109	DUE TO, O	R AS A CONSEQUENCE	OF						
	the the sit of			Canditians, if any, which gave	(b)	Co	2000	my The	muloca				
	n. n. on:			rise to immediate couse (a), stating the underlying couse(DUE TO, OI	R AS A CONSEQUENCE	OF	0					
	es de			last.	(c)								
	hys gne urio			PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATE	D TO THE TERMINAL I	DISEASE OR COND	ITION GIVEN IN PART	1(a)		
	n sin de b										-(-)		
	PHYSICIAN: The law requires that the death certificate be e haspital or attending physician. his certificate has been signed by the attending physician anstached far use as the burial-transit permit. Then please reDept. af Health priar to burial, crematian, ar removal, and in.		NO.	19a DATE OF OPERATION 19b.	CONDITION FOR 1	WHICH OPERATION WAS	DEDENDMEN	20o AUTOPS	:Vo	20b IF YES, WERE	EINDINGS ((UNCIDEDED IN CE	DITENING
	ten frem them as as as prike	* 1	CERTIFICATION	170 DATE OF OPERATION 170.	CONDITION FOR	MILLI OF EXALION WAS	FERFORMED	1	_	CAUSES OF DEATH		MAIDERED IN CE	KIII I III G
	T al	1	ERTE	OL ACCIONAL WAS INDESTINA	16 1 200 2002		Las	YES 🗌	NO -				
	AN: olo cat ar			21 g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		OF INJURY Manth Day Ye	or 21	c. HOW INJURY OCCUI	RRED (Enter nat	ure of injury in Part 1	l ar Part 2, l	tem 18.)	
	Die and		MEDICAL	(If either, natify medical exami	ner) PA	۸.	19						
	has has ce che che che che che che che che che		₹	21d. INJURY OCCURRED 21e.	PLACE OF INJUR	AT HOME, FARM, STREET, DEFICE BLILDING, ETC.	FACTORY) 21	f. LOCATION Street	ar R.F.D. Na.	City or Tawn		Caunty	State
	he this letter			at work									
	OR ATTENDING be retained by the NIRECTOR: After 1 8 3 shauld be de ad with the State			22a. I certify that (I) (the saw the deceased a causes stated above	is haspital) a	ttended the dece	sed fram	opril 3	1969	, ta may	-L 19_	69, that	(I) (we) last
	d b d b d b d b d b d b d b d b d b d b			saw the deceased a	live an	very 1,	_19 <u>69</u> _,	and that in (my)) (aur) apiniai	n death accurred	an the da	te and haur	and fram the
	R ATTEN retained RECTOR: 3 shauld with the			causes stated above	e, (l) (wa) (di	d) (did not) view th	e bady af	ter death.					
	A SE CHA			22b. SIGNATURE		1		ATTENDING	☐ _MED	STAFF	22t [DATE SIGNED	
	be 3 Red of ded			phe	LS. /	pushen	mes.	DEGREE PHYS,	DIREC	TOR PHYS.	□ 5	11/69	
	AL ON BOOK	- 1		22d. PHYSICIAN'S				22e ADDRE					
	ER P	- 1		NAME (Type) JOH	N S.	HARSHE	y M.	D. Yan	rebord	t. West	mule	- my	21157
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health priar to burial, cre.		2 3a	BURIAL, CREMATION, 23b.		23c NAME	OF CEMETERY	OR CREMATORY	23	d. LOCATION (City or	Tayın) c	(County)	(State)
	O Po Porition			REMOVAL (Specify)	ray 3,1	1960 Ins	ton.	insta /	unelin	1 Mores	Jum	itie	ml
			24	FUNERAL DIRECTOR	1	ADDRI	SS	2	Sa REC D BY RE	GISTBAR 25b	REGISTRAR'S	SIGNATURE	
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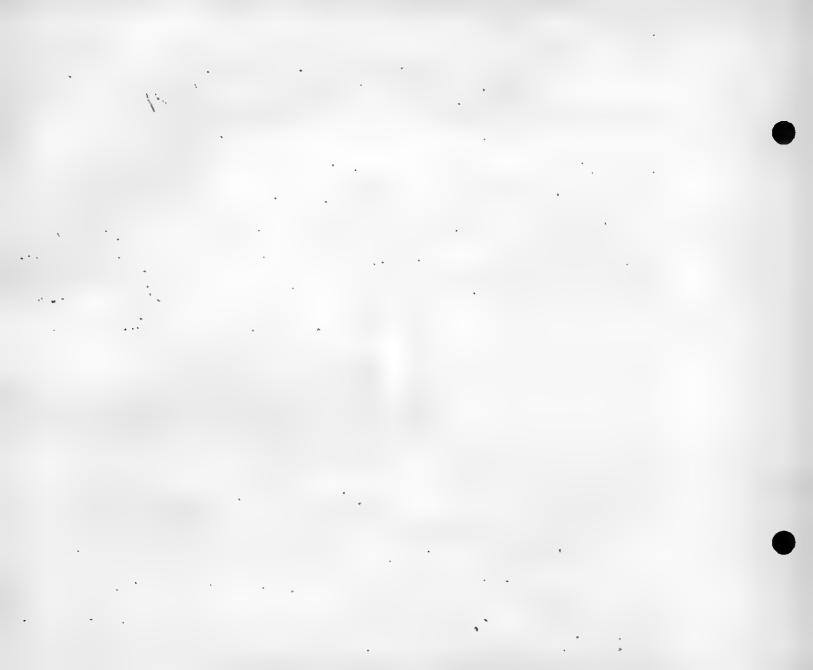
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	unercon land		Mary		Ann		Mitchell		Marth	Doy	Yeor 69	11.20
	F TE W	3. S	X	4. RACE			S. DATE OF BIRTH		6. AGE (In ye	ors	IE UNOER 1 YEAR	IF UNCER 24 HRS
	s of the age		Female		hi te		9-14-	76	last birthda 92	YRS.	MONTHS DAYS	HOURS MIN
	by by nou	70.	BIRTHPLACE (Stote or foreign	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 COU	NTY OF DEATH			
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	ithin ithin ithin	10 +	Sykesville	give	AME OF HOSPITAL OR IN street address) ingfield S		Hospital 12d	ing most of w	PATION (Kind of worl arking life, even if re wife	(dane itired)	12b KIND OF 8 INDUSTRY	USINESS OR
	d w	13a		. 1 1 . /3 . 7	0 1 1 (13c CITY	OR TOWN 13d. INSIG		13e STREET AND NUM			
	scuted w	adm	USUAL RESIDENCE (Where deceos ission) STATE Maryland	13b. COUNTY	licomico		sville YES		Route #			
	E E	14.	FATHER'S NAME First	Middle	Last		15. MOTHER'S MAIDEN N	AME First	M	ıddle		Last
	\$ (\$.E)	L	.Thomas		Townsend	i		Mary		A.	Tw	igg
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 shauld be filled with the State Dept. af Health prior to burial, cremation, or removal, and in gay event, within 72 hours after death shauld be filled with the State Dept. af Health prior to burial, cremation, or removal, and in gay event, within 72 hours after death	160	WAS DECEASED EVER IN U.S. ARA 'es, na, ar unknown) (If yes give w	NED FORCES? Or or dates of service)	166 SOCIAL SECURITY 216-14-26		MFS. Laura Records,	A. Wij	lkins(Daug ield Stat	nter e Ho) Pitts spital	
	The The		18. CAUSE OF DEATH (Enter an	y ane cause per li	ne far (a), 0), and (c))	was the same				APPRÓXIM.	ATE INTERVAL SET AND DEATH
	eath andu		PART I. DEATH WAS CAUSED IMMEDIA) BY .TE CAUSE (a)	Fotres	dely	/ whereon	low .	inactive		mont	
e de	e di arricanti an,		1.7	, ,	AS A CONSEQUENCE OF	// ` ` `						
	t the sit g		Conditions, if any, which gave trise to immediate cause (a),	(b)								
	tha an. by ran cren		stating the underlying cause		AS A CONSEQUENCE OF							
	sici		last.	(c)								
0/	equires 1 physicia signed k burial-tr		PART 2 OTHER SIGNIFICANT CON									in
1	ing ing sen sen she rta	3	Syndrome assoc				disease w	ith psy	chotic re	acti	on.	
0	rend rend s be as t	CERTIFICATION	19d DATE OF OPERATION 19b	CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20c. AUTOPSY?		206 IF YES, WERE FIN	DINGS CO	NSIDERED IN CER	TIFYING
	中日の新五万	E						40 E				
	dr cate		21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF GEAT		F INJURY Month Day Year	21c	HOW INJURY OCCURRED	(Enter noture	of injury in Port 1 or	Part 2, It	em 1B.)	
	SICE SPITE S	MEDICAL	(If either, natify medical examin	er) P.M.	19							
	OR ATTENDING PHYSICIAN: The low requires the be retained by the haspital ar aftending physician. DIRECTOR: After this certificate has been signed by je 3 should be detached for use as the burnal-traned with the State Dept. af Health prior to burial, creating the state of the state of the action of the contraction of the state of	×	While Nat while at wark		AT HOME, FARM, STREET EAC OFFICE BUILDING, ETC.		LOCATION Street or R F		City or Tawn		Caunty	State
	DING I by 1 After I be 0 Stat		22a. I certify that (I) (thi	s haspital) att	ended the decease	ed fram_	10-09-68	19	10 <u>5-12-69</u>	_, 19_	, that	(I) (we) last
	END Bed A.	ŀ	saw the deceosed all causes stated above	ive on5	-12-69 1	9, o	nd that in (my) (ou	<u>r)</u> ap i nion d	eath occurred on	the dat	e and hour o	nd from the
	To Italian Italian		22b SIGNATURE 7	, (1) (we) (ala)	(did fidi) view itie	budy dire	r agam.			22c D	ATE SIGNED	
	OR be re		Your to	()	· · · · · · · · · · · · · · · · · · ·	DE	GREE PHYS	MED DIRECTOR	STAFF PHYS.		5-12-69	
	AL Day by		22d PHYSICIAN'S		7-		11113		ield Stat			
	ERA ERA d be		NAME (Type) Glocr	ito G. S	agisi, M.I	,			lle Mary			
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23σ	BUR AL CREMATION, 236 D	ATE	23c NAME OF	CEMETERY O			LOCATION (C ty ar Tow	21 112 2 2 2	(Caunty)	(State)
	0 0 p 4		REMOVAL (Spec fy) May	y 16, 19	69 Wango	Cemet	erv			Wice	, ,,	Maryland
	VR AIS ALK	24	FUNERAL DIRECTOR		ADDRESS			ECD BY REGIST		STRARS S	IGNATURE	<u>, 1111</u> (
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_	1			D STATE DEPARTMENT OF		
	1	06767	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
•	П	00101		CERTIFICATE OF DEATH		06766
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er deoth. funeral s 1 ond 2 ter death.		(Type or print)	SE EPNEST	MOYLEY	Man Month	oy Yeor 330 M
ir d	3.	iFX	4. RACE	S. DATE OF BIRTH	AGE (In years	IF UNDER YEAR IF JINDER 24 HRS.
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with Son	$I\Lambda$	EW WINDS	OR	L during	most of working life even streticed	C INDUSTRY HOE
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The law requires that the death certificate be executed within 24 hours after death ottending physician. has been signed by the ottending physician and completely filled in by the funeral se as the burial-tronsit permit. Then please remove carbon papers pages I and it him prior to burial, cremation, or removal, and in only event, within 2 hours after death	adr	MISTON ATEYLAND	KISH KOUNTY ROLL IV	W WINDSOPYES -	NOW TURAL	
xec much	14	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	Lost
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· · · · · · · · · · · · · · · · · · ·	1,0	Yes, no. opunknown) (If yes into	or or dates of service)	200/222 - //	Man - VALUES	W. S. S. A.M.
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	ŀ	18. CAUSE OF DEATH (Enter onl	y one couse per line far (a), (b), and (c) BY:	b		BETWEEN ONSET AND GEATH
eoth indi		PART I. DEATH WAS CAUSEL	TE CAUSE (g)	ral throw	lasis!	10 m
offeern		4001	DUE TO, OR AS A CONSEQUENCE OF			
ation at the state of the state		Conditions, if any, which gave	(b)			
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4 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		lost	(c)			
quires the physician. signed by burial-tron burial, cre.		PART 2 OTHER SIGNIFICANT CON		OT RELATED TO THE TERMINAL DISEASE C	RECONDITION GIVEN IN PART 1(a)	
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din ¥	_ ≥	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	REORMED 200. AUTOPSY?	TOOL IS VES WIEDE SINDING	S CONSIDERED IN CERTIFYING
ten ten ten das das das price	3	170. DATE OF OPERATION 170.	CONDITION FOR WHICH OPERATION WAS P		CANCEC OF DEATHS	CONSIDERED IN CERTIFIEND
무현실 왕호 세	CERTIFICATION			YES NO		
OR ATTENDING PHYSICIAN: The law rube retained by the hospital or ottending MRECTOR: After this certificate has been e. 3 should be detached for use as the ed with the State Dept. of Health prior to			G 216 TIME OF INJURY H HOUR A.M. Manth Day Year		nter nature of injury in Port 1 or Part	2, Item 18.)
26編集を	MEDICAL	(If either, notify medical examin	ier) P.M	9		
OR ATTENDING PHYSICIAL be retoined by the hospital DIRECTOR: After this certifice je 3 should be detached fol ed with the State Dept. of He	ž		PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY) 21f LOCATION Street or R.F.D.	Na. City or Town	County State
this eta		While Nat while at wark	VOTITE BUILDING, ETC.	•		
UDING d by th After i d be d			s haspital) attended the deceas	ed from Pris. 19	39, to 5/16	1969 that (1) (well last
A P A P A P A P A P A P A P A P A P A P		saw the deceased a	ive an 5/15/64	ا العمل (my) ما and thaf in (my)	pinian death accurred an the	date and haur and fram the
ATTENE etoined CTOR: A should vith the		causes stated above	, (I) (we) (did) (did not) view the	body after death.		
A S D S S		22b_SIGNATURE	1 4	ATTENDING	MED STAFF 2	C. DATE SIGNED
OR Segretary		M.E. KOM	estron 1	DEGREE PHYS.	DIRECTOR PHYS.	5/16/69
A		22d. PHYSICIAN S / / /	0	22e. ADDRESS		2 /2
FIRA Bell File		NAME (Type)	KOBERTSO	N Mu	Winday	md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected a may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and codirector, page 3 should be detached for use as the burial-transit permit. Then places remain should be filed with the State Dept. of Health prior to burial, cremation, or removal, and prior to burial, cremation, or removal.	23		DATE 23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County), (State)
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F - F	D4	YELWERAL DIRECTOR	ADDRES	2So REC'I	BY REGISTRAR 25b. REGISTRA	R S SIGNATURE
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		u			STATE DEPARTMENT OF		
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		3 5	X	RACE	S. DATE OF BIRTH	6 AGE (n years last by thatar)	IF UNDER I YEAR F JINDER 24 HRS. MONTHS DAYS HOURS MIN
	P S S		lemale "	While	Dec 2-18	84 YR	
	by Paris	70	IRTHPLACE (Stote or foreign 7b	CITIZEN OF WHAT COUNTRY?	MARRIED NEWER MARRIED	9'COUNTY OF DEATH	
	exercted within 24 hours after and completely filled in by the cremave carbon papers. Pages in any event, within 72 haurs after		The case to		WIDOWED DIVORCED [Carrell	Md.
	fille pal	10.	TITY OR TOWN OF DEATH	give street oddress) & e & 9	TUTION (If not in hospital 12a US	SUAL OCCUPATION (Kind of work dan most of working life-even if re tired	
	* * * * * * * * * * * * * * * * * * *		Manchester	Murran	1-1 me 170	OUSE REE PI	V4 HTHOME
,	mplet we car event			ved, if institution Residence before		Y LIMITS? 130 STREET AND NUMBER 330 Maria	4 000
(any even	_	maryland	Carrall !	Westminstol		relare.
/	cian and a	14	FATHER S NAME FIRST	Middle Last	IS. MOTHER S MAIDEN NAME	First Middle	lost
	o un o	<u></u>	John	Moore	a dir	relia	Jornell
	physician and on please removen please removed, and in any	160	WAS DECEASED (VER IN U.S. ARMED es, no. or unknown) (If yes give wor or	Sistes of survice)	1 (1 1	Address 330 M	drammet are.
	that the death certifice an. by the attending physi transit permit. Then pl cremation, ar remaval,	-	NUL	7.10 0 1 2.	47 - rouces 12	evy Water	The second of th
	ne death ce attending permit. The		18. CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED BY	ne cause per line for (o), (b), ogd (c).)	0	1 +	BETWEEN ONSET AND DEATH
	deat mit.	П	// A IMMEDIATE		gras ana	accident	3 days
	he at per	П	Conditions if any subsidered	DUE TO, OR AS A CONSEQUENCE OF	C1. 1 1	at	500
	mat the		Conditions, if ony, which gave anse to immediate cause (a),	(b)	generalized	www.rea	all a che
	train the street of the street	П	storing the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	0		
	equires that the physician. signed by the burial-transit purial, crematit		_	(t)ONS (ONTRIBUTING TO DEATH BUT NOT	DELATED TO THE TERMINAL DISEASE OF	DECONDITION CINEM IN DADT 15A	
*		П	PART 2. OTHER SIGNIFICANT CONDIT	ONS CONTRIDE NO TO DEXIT BUT NOT	KEENIED TO THE TERMINAL DISEASE O	A CONDITION STIFLIN IN TAKE 1(0)	
17	Law retending as been as the priarta	10N	19g. DATE OF OPERATION [19b. CON	DITION FOR WHICH OPERATION WAS PERF	ORMED 20a. AUTOPSY?	20b. 1F YES. WERE FINDING	S CONSIDERED IN CERTIFYING
15	attending has been se as the th priar ta	CERTIFICATION			YES NO.	CAUSES OF DEATHS	
N	AN: The of or att icate hat the use Health F		21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		ater nature of injury in Part 1 or Part	2, Item 18.)
	PHYSICIAN e hospital e his certifical trached f=	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Manth Day Year P.M. 19			
	S PHYSICIAI the hospital this certifice defacthed fe	불	21d INDIRY OCCURRED 121e PLA		RY.) 21f. LOCATION Street or R.F.D. I	Na. City or Tawn	County State
	PH he	П	While Nat white at work	CONTER BUILDING, ETC.			
	by the fifter by the desired bill desired State	П		aspital) ottended the deceased	fram ~ 17, 19	68, 10/1 au 6.	19 <u>69</u> , that (17/(we) last
	ND and bed to be S and be S an		saw the deceased alive	on5/6/19	65, and that in (my) (our) o	ppinion death occurred on the	dote and hour and from the
	ATTENI stained TOR: A shauld ith the		22b. SIGNATURE	(we) (did) (did nat) view the bo	ay arrer death.	1 2	2c DATE S/GNED /
	OR ATTENDING be retained by the SIRECTOR: After is a shauld be dell with the State		220. SIGNATURE	mund U. E	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	5/1/-9
	rat o	1	22d PHYSICIAN'S	1 00 -00	22e, ADDRESS	DIRECTOR C PRIOS. C	01616/
		Н	NAME (Type)	. It to Ard.	M.D MA	r chester	11 / 2/1/02>
	HOSPI Page 4 n FUNER director,	230		23¢ NAME OF CE	METERY OR CREMAPORY)	23d) LOCATION (City or Town)	(County) (State)
	5 5 5 P	15	BEMOVAL (Specify) 5/9	11969 WINT	ERS CEM.	ARROLL (1)	UNTY MD
	VR ATS SEL	34	FUNERAL DIRECTOR	ADDRESS.	25a RECD	BY REGISTRAR 2Sb DEGISTRA	R S SIGNATURE
	30M REV	K	K Henrier I	SOME VEW YVIN	DSUR //D DMMI	9 1969 Julia	10

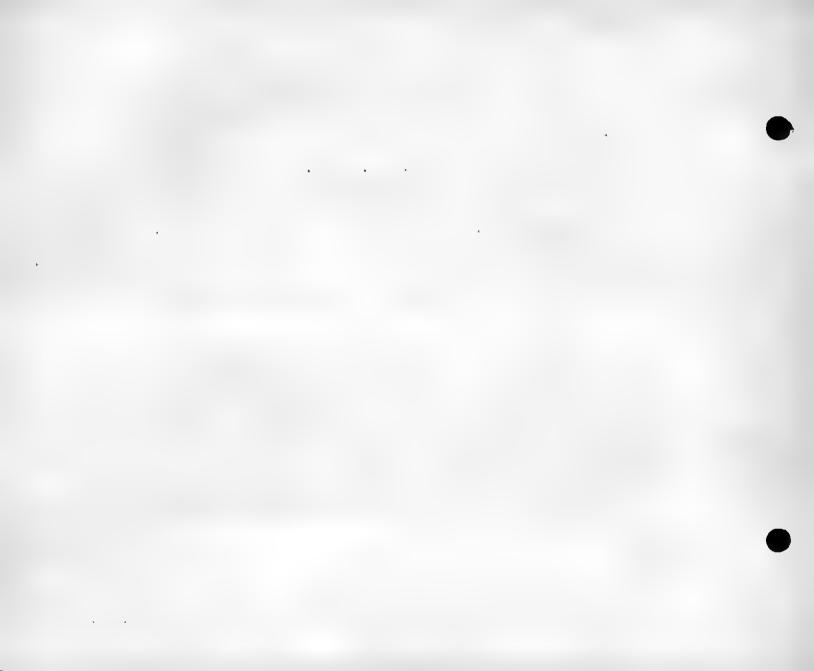


	06769		CERTIFICATE OF DEATH		06768
	(Time as prost)	rst Middle	Lost	20. DATE OF DEATH	2b HOUR
L	M3, L.L.		RAU	May 2 Poy	(15) 2:25R _M
3.	sex Male	4. RACE White	5. DATE OF BIRTH	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
7a.	. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARR ED	9. COUNTY OF DEATH	
ca	untry) Maryland	U.S.A.	WIDOWED DIVORCED	Jarroll	h.a.s.
	CITY OR TOWN OF DEATH	give street address)	STATE HOPETA during m	A. OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
13c	uSUAL RESIDENCE (Where dec mission) STATE Haryland	eosed lived if institution Residence befor 13th COUNTY	B 13c CITY OR TOWN FIRM HIS MISSIDE CTY L		Elderry St.
4	FATHER'S NAME First	Mid d le Last	TS MOTHER'S MAIDEN NAME F		Lost
1	Conrad	Rau		lizabeth	?
160	a. WAS DECEASED EVER IN U.S. / Yes, na, ar unknown) (If yes gi	ARMED FORCES? we war or dates of service) 220–5]1–7		ds	
	18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b) and (3))		APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
	PART 1 DEATH WAS CAU	DIATE CAUSE (o)Uremia			2 25 3
	403 X Canditions, if any, which gas	DUF TO, OR AS A CONSEQUENCE C			
	rise to immediate couse (c).((b) Neprito-Be			y ars
	stating the underlying cause		artoriosclerosis		years
	_	CONDITIONS CONTRIBUTING TO DEATH B.T.	NOT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(a)	1,0 (01.0)
_	Schizonhrei	nic reaction, catat	onic type	ONDITION CIVER IN TAKE 1(b)	
CERTIFICATION	19a DATE OF OPERATION 1	96, CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20o AUTOPSY?	20b. IF YES, WERE FINDINGS COM	SIDERED IN CERTIFYING
RTFI			YES NO		
AL CE	21a. ACCIDENT WAS UNDERL	DEATH HOUR A.M. Month Dov Yes	21c. HOW INJURY OCCURRED (Ente	nature of injury in Part 1 or Port 2, Ite	m 18.)
12	(If e ther, notify medico, exo	miner) P.M.	19		
1 W		16, PLACE OF INJURY (AT HUME, FARM, STREET,	ACTORY) 21f LOCATION Street or R.F.D. No	City or Town	County State
MEDICAL		QFF-CE BUILDING, ETC.	/		•
ME	While Not while of work				2 11 1/8/ 11
WE	While Not while of work of work of work sow the deceased	this haspital) ottended the deceo	sed fram 12-31 , 192 1922 , and that in (more (aur.) and		that (f) (we) lost
Jaw WE	While Not while 1 at work of wark 220 1 certify that (t) (sow the deceosed causes stoted obc		sed fram 12-31 , 192 1922 , and that in (more (aur.) and		that (f) (we) lost and hour ond fram the
WE	While Not while of work of wark of wark 220 1 certify that (t) (sow the deceosed causes stoted obcoming the control of the	this haspital) ottended the deced olive on 12 27 ive, (1) (we) (did) (did not) view th	sed fram 12-31 , 192 .1902 , and that in (myx)(aur) opi bady after death.	9, to -2, - , 190 nian death occurred an the date	TE SIGNED
WE	While Not while of work of wor	this haspital) ottended the deceo	sed fram 12-31 , 19 2 .1902 , and that in (myx) (aur) opi bady after death.	9, to -2, - , 190 nian death occurred an the date	
WE	While Not while of work of wor	this haspital) ottended the deced olive on 12 27 ive, (1) (we) (did) (did not) view th	sed fram 12-31 , 19-2 19:22 , and that in (ms/x) (aur) opi bady after death. DEGREE ATTENDING D PHYS D	2, to 2-2, - 1900 nian death occurred an the date ED. STAFF 22c DA RECTOR PHYS II 11ag	TE SIGNED 7 27, 1909
	While Not while of work of work of work of work 220 1 certify that (b) (sow the deceosed causes stoted obcomes	this haspital) oftended the deced office on Lay 27 ave, (1) (we) (did) (did not) view the control of the contro	sed fram 12-31 , 19-2 19:22 , and that in (ms/x) (aur) opi bady after death. DEGREE ATTENDING D PHYS D	2. to	TE SIGNED y 27, 1909 y'c .vill ,i.d.
230	While Not while of work of work of work of work 220 1 certify that (b) (sow the deceosed causes stoted obcomes	this haspital) oftended the deceo office on Lay 27 ive, (1) (we) (did) (did not) view the	sed fram 12-31 , 192 1902 , and that in (mxx) (aur) opi bady after death. DEGREE ATTENDING D PHYS D 22e ADDRESS Sprin fiel CEMETERY OR CREMATORY Adam Carefling	2. to	TE SIGNED y 27, 1909 yle



14	+	06770 DIV		301 W. PRESTON STREET, ERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201 TH	06769
r death. uneral it ond 2 rr death.		CEASED-NAME First (harles	Middle Clinton	lost Rawlings	20. DATE OF DEATH	Doy Year 9 26 HOUR
s after	3. 5	Male	RACE White	s date of birth July 26,	6. AGE (In years last by though)	IF UNDER YEAR OF UNDER 24 MRS MONTHS DAYS HOURS MIN
d in by	COL	RRTHPLACE (Stote or foreign 7b. Cl	USA	8. MARRIED 🔀 NEVER MARRIED 🗍 WIDOWED 🔲 DIVORCED 🗀		Md.
e executed within 24 and-campletely filled remove carban pape in any event, within 7		ity or town of death estminster		Gen. Hospt. du	o USUAL OCCUPATION (Kind of work don ring most of working life, even if retired	e 125 KIND OF BUSINESS OR INDUSTRY
guiled with ampletely ove carban event, with	13o odn	USUAL RESIDENCE (Where deceased five ssion) STATE 112	d, if institution Residence before b COUNTY Balto.	136 CITY OR TOWN 138 INSM Or rings Millyss	of CITY JANTS? 13e STREET AND NUMBER 11504 Reisa	terstown Road
be execution of the company of the c	14.	ATHERS NAME Thomas	Middle Last	nys Is. MOTHER'S MAIDEN N	NAME First Middle	Cook
physician please noval, and ii	360	WAS DECEASED EVER IN U.S. ARMED FO es, (1) or unknown) (II yes give war or dan	R(ES? 16b SOCIAL SECURITY NO ONE	17 INCODESANT	es M. Brown Reist	terstown, Md.
Law requires that the death certificate be executed within 24 haurs after death nding physician. been signed by the attending physician and campletely filled in by the funeral is the bural-transit permit. Then please remove carban papers, Pages & and 2 ior to burial, crematian, or removal, and in any event, within 72 haurs after death.		Conditions, if ony, which gove a rise to immediate couse (a),	USE (o) CEPESA DUE TO, OR AS A CONSEQUENCE OF (b)	CAL VASCU	LAR ACCIDENT	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH / 9 DAYS
equires the physician signal by bur al-tra		PART 2. OTHER SIGNIFICANT CONDITION				
CIAN: The law reputal or attending thincate has been defar use as the of Health prior to	CERTIFICATION	196. DATE OF OPERATION 196. CONDIT	TION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY? YES	NO CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
SICIAN: Ispital ar ertificate of far u	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, not fy medical examiner)	21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		(Enter nature of injury in Port) or Port	2, Item 1B.)
PHYS ne has this ce	WE	at work	OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.			County State
		22a. I certify that (1) (this has saw the deceased alive causes stated abave, (1) (spital) attended the deceased an1S (we) (did) (did nat) view the b	d fram. 4 23, 65, and that in (my) (ou ady after death.	, 19 <u>69</u> , to <u>5///</u> , ur) apinion death accurred on the	1969, that (1) (we) last date and haur and from the
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRICTR: A director, page 3 shauld Shauld be filed with the		22b SIGNATURE AND CLAN'S NAME (Type)	keous J	ATTENDING PHYS 22e ADDRESS	DIRECTOR D STAFF D	STILL G
TO HOSPITAL Pege 4 may by to Funekal director, page director, page 5 shauld be file	230	BUR AL, CREMATION, 235 DATE REMOVAY (Specify) Hay	14,69 All Sa	EMETERY OR CREMATORY ints Cemetery	23d LOCATION (City or Town) Reisterstown	(Stote)
YR A1 B	24	FUNERAL DIRECTOR F. Eline a Sons	ADDRESS	2So.	RECD BY REGISTRAR 25b. REGISTRA MAY 1 4 1989 . ~	R'S SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH



	_	1			AND STATE DEPARTMENT OF		
	01		06771	DIVISION OF VITAL RECOF	DS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
_	-				CERTIFICATE OF DEATH	067	70
	£ −2£		ECEASED NAME First	M ddle	Last	2a DATE OF DEATH	2b HOJR
	offer death he funeral ges I ond 2 offer death		Type or print) GEOR	CE E	REPOING	May Month & Day	1929 350
	fur fur ter	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	s of age		male	White	7-30-00	last burnday)	MONTHS DAYS HOURS MIN
		70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	euted within 2 flows offer property filled in by the function popers. Pages I event, within 72 hours offer	100	Maryland	U.S.A.	WIDOWED DIVORCED X	Carroll	Md
	within 2 ely filled bon pope within 7	10	CTY OR TOWN OF DEATH			IAL OCCUPATION (Kind of work done	12b. K ND OF BUSINESS OR
	with bon bon with	,	Westminster	give street address) C	arroll County Gen !!	Md. State Roads	INDUSTRY
	ent the graph of	130		sed fived, if institution. Residence be		UMITS? 13e STREET AND NUMBER	
		uen	rss on) STATE Marylan	d 3b COUNTY Carroll	Manchester YES	□	ain Street
	ond com	14	FATHER S NAME First	Middle	st IS MOTHER'S MAIDEN NAME	First Middle	Last
	be n of n of in		Aaron	Re	dding F	lorence	Kerchner
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and director, page 3 should be detached for use as the buriol-transit permit. Then please remove a should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIAL SECU war or dates of service) 218-07-		it Rd 1 Manche	ester, Md
	g p Thei		18 CAUSE OF DEATH (Enter or	ry ane cause per line for (a), (b), an			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	oth rdin it.		PART I. DEATH WAS CAUSE	n y ane cause per line for (a). (b), an D BY: ATE CAUSE (a)	- 137		DETRICEN UNSET AND DEATH
	on, o		486×	DUE TO, OR AS A CONSEQUENC	D 3		
	the he aritical and the		Conditions, flony, which gave		neur		
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The	quires that of physician. signed by the buriol-transit buriol, crema	П	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION G VEN IN PART I(a)	
e,	ng en he he he to t	2	Chr	one deale	eline.		
1	lov endi	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W.	AS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
1	등 다 의 의 다 등 수	E			YES 🔲 NO 🛭	CAUSES OF DEATH?	
	ar or or lead		210 ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING CAUSE OF DEA	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Part 2,	Item 18.)
	of the state of th	MEDICAL	(If either, notify medical exami	iner) P.M.	19		
	O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospitol or offending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	W	21d. INJURY OCCURRED 21e White Not while of wark	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING ETC	ET, FACTORY.) 21f. LOCATION Street or R.F.D. N	City or Tawn	County State
	NG y the ter ter to the			ors haspital) attended the dec	eased from 2003 3. 194	29, ta Lung 5, 190	5 that (I) (we) last
	ND Sd b		saw the deceased n	live on him 5.	19 6 Sand that in (my) (aur) ar	inian death accurred an the da	te and havr and fram the
	TI danna dan	П		e, (I) (we) (did) (different) view	the body offer deoth.		
	R A ret R A S S S S S S S S S S S S S S S S S S	П	22b. SIGNATURE	- 7 -	ATTENDING	MED STAFF	DATE SIGNED
	o de la companya de l	L	22d PHYSICIAN'S	-> formation	DEGREE PHYS 22e ADDRESS	DIRECTOR L PHYS. L	15/67
	RAL RAL be 1		NAME (Type)	HNS. HARK	HEYMD 800	how the west	To my
	TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the Stort	220	BURIAL, CREMATION, 23b.		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (County)
	Pog Pog dire	Zau.	DESCOVER (Co C.)		nester Cemetery		(Caunty) (State) rroll Md.
	= = =						LIOIT LIG.
	ALBIA AV	24.	FUNERAL DIRECTOR	// 324 N. Mai	n Street 250 REC'D	BY REGISTRAR 2Sh. REGISTRARS	SIGNATURE

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	1	1	0.0000		301 W. PRESTON STREET, BALTI						
X			06772		CERTIFICATE OF DEATH	MORE, MARIDAND 21201	06771				
7	funeral s I and 2 ter death.		ECEASED NAME First Type or print)	Mddle H William	arry lost / Roberts	2a. DATE OF DEATH Month 5 Dag	2b HOUR				
	by the fun Pages 1 haurs after	3. \$	Male Male	4. RACE White	S DATE OF BIRTH Jan. 13, 190	6 AGE (In years last birthday) 67 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN				
	4 haurs		BIRTHPLACE (State or foreign ntry) Pa	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Carroll	_DEATH				
	within 24 bon pape within 72		CITY OR TOWN OF DEATH Sykesville, Md	11. NAME OF HOSPITAL OR INS give street address) Springfield	State Hosp Coor	L OCCUPATION (Kind of work done is of working life, even if retured) dinator Wes	12b KIND OF BUSINESS OR INDUSTRY				
	ote be executed within tion and completely finance carbon and in any event, with	13o adm	USUAL RESIDENCE (Where deceose strong) STATE Md.	ed lived, if institution Residence before 136. COUNTY Baltimore.	E13c CPTY OR TOWN 13d INSIDE CTY LIA	AITS? 13e STREET AND NUMBER 4210 Loch Ray					
	ate be execut itian and com lease remave and in any ev		FATHER'S NAME First John	Middle Lost W. Roberts		Anna	Roberts				
	physicia physicia en plea aval, an		WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (15 yes give w	IED FORCES? per or dates of service) 16b. SOCIAL SECURITY II 190-09-41		Address	ville ^M d				
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon bapers. Pages 1 and should be filled with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death the state of the state Dept.		PART 1. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c). BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	quires that the physician. Signed by the burial-transit pourial, cremati		Conditions, it any, which gave inse to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	e's sclent	· Ifear fe	in uson				
Ss.	v requir ng physen signi en signi he burie ta burie	8	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	8				
7	The lay attending that has be se as the prior	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING				
	the hospital or attending physician the hospital or attending physician this certificate has been signed by letached far use as the burial-trained bept. at Health priar to burial, cre	ED CAL CE	21c. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT [If either, notify medical examin	HOUR A.M. Month Day Year	,	noture of injury in Part 1 ar Port 2, I	<u> </u>				
	G PHYSIC the hospi this certi detached te Dept. a	₩	While Not while I	A OFFICE BUILDING, ETC.	TORY) 21f. LOCATION Street or R.F.D. No.	City or Town	County State				
	O HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or atte O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached far use a should be filed with the State Dept. af Health p			is hospitath ottended the deceose live on May 31 1 , (I) (we) (did) (did not) view the	ed from <u>April 21</u> , <i>19</i> 9 969 , and that in (my <u>) (aur)</u> apir body after death.						
	O HOSPITAL OR ATTENIE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22d, PHYSICIAN S	(1. Petric	DEGREE PHYS. DI	ED STAFF PHYS S	DATE SIGNED 69				
	TO HOSPITAL OR Page 4 may be r. O FUNERAL DIRE director, page 3 should be filed w.	200-	NAME(Type) Gracio		Sprin CEMETERY OR CREMATORY	gfield State I	(County) (State)				
	To He die die die die die die die die die di	230		/3/1969 Morela	nd Mem Park	Parkville. B	alto Co. Md				
	VR A15 (4) 30M REV 1/68	H	FUNERAL DIRECTOR INS &	Sona Coo 4905	21212 19 S. WWW	2 1969 Athoris	Judge.				



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06772 06773 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME First 2b. HOUR 24 hours after death (Type or print) BESSIE LUCILLE Month : Z.5/4.M 4 RACE 5 DATE OF BIRTH & AGE (In years IF JNOER I YEAR IF UNDER 24 HRS ourioi-tronsir permit. Ihen please remove carbon poders. Pages li buriol, cremotion, or removal, and in ony event, within 72 hours affer DCT. 23 last birthday) MONTHS | QAYS HOURS FEMALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED [NEVER MARRIED [] CARROLL WIDOWED Z DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY HOUSE-NIFE 13e STREET AND NUMBER requires that the death certificate be executed LI3b. COUNTY 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle NUSBAUM 17 INFORMANT SAME ADDRESS Yes, no, or upknown) 216-52-57233 MAS JOHN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), 3hd (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to has been 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES [NO TU TO FUNERAL DIRECTOR: After this certificate 270, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work causes stoted obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DIRECTOR 22d. PHYSICIÁN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON

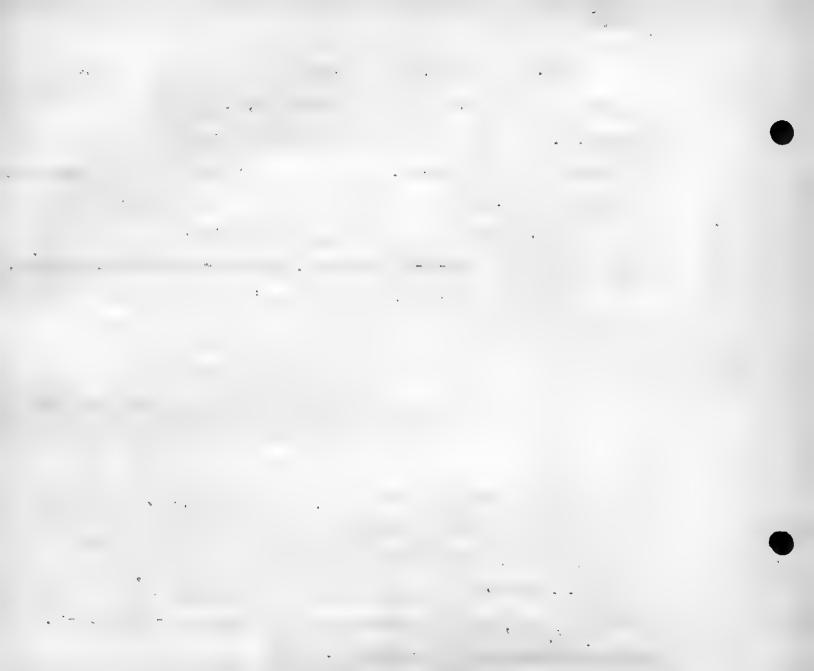
MAKYLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06773 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME 20. DATE KNOWN Y (Type or Print) ESTI-DEATH MATED 6 AGE (in years JE LINDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 5-7-23 HOURS 16 W M Yeor 70 BiRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH atong with form Maryland USA WIDOWED DIVORCED Carroll 1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 12a USJA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) IND..STRY Hamostead Painter & Decorator 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odmission) STATE 136 COUNTY 261 S. Main St. Carroll YES NO I Hampstead lond2 Item] Office, ofter 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Middle M. Hare Edna hours Raymond the Chief Medical Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT pencil **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 219-12-0924 Mrs. Patricia Ruby Hampstead. Md. File APPROX MAJE INTERVA w thin 18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY -areun IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ,⊆ forworded to certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or RFD No City or Town County Stote factory, office building, etc.) AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry ond in my opinion Natural couses X. death resulted from Surcide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED DEPUTY MEDICAL EXAMINER. **EXAMINER'S** 5 moy 70 FUNE Health hosely as the day evely 01 NAME (Type 230 BURIAL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Carroll Hampstead Wesley Cemetery Burial 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) Tipton-Eline Funeral Home Hampstead, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06775 CERTIFICATE OF DEATH Middle Last 20 DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) Month Charles Edward Ruder May 1969 3. SEX S DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. after last birthday) MONTHS I DAYS February 14, 1907 Male 62 24 hours 7o. BIRTHPLACE (State or Foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
Hagerstown, Md or remayal, and in any event, within 72 h and campletely filled in Carroll WIDOWED [DIVORCED X TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR be executed within street address) St. 20 Main St during most of working life, even if retired) INDUSTRY attending physician una carbon narmit. Then please remove carbon with New Windson Transportati 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY arroll 120 Main St. YES X New Windson 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Middle Lost Unknown Unknown requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Md_ Yes, na. or unknown) (If yes give war or dates of service) HA John Washington Ave. Hagerstown 214-09-7317 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove? burial-transit rise ta immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed 1 burial, 1 last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p peen as the priar to 19a. DATE OF OPERATION 206 JE YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? has CAUSES OF DEATH? NO [YES | for use af Health O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) detached with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No State City or Town County White Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive on 4/29/49/19—0 and that in (my) four opinion death occurred an the date and haur and from the pinons causes stated above, (1) (aid) (die net) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF page 3 e filed DEGREE DIRECTOR PHYS 22e, ADDRESS 22d. PHYSICIAN'S director, po should be f NAME (Type) M. E. Robertson 23d LOCATION (City of Town) 23g. BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Hagerstown-Washington-Md. Rest Haven Cemeteru 2So REC'D BY REGISTRAR VR ATS AN 1969 Rest Haven Funeral Chapel Hagerstown, Md. 30M REV 1266



	1	-				DIVISION	OF VIT	MAKYLAN AL RECORDS.					H , Maryland 2120	1		
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	we cal		13a. admi	USUAL RES DENCE (WI ssion) STATE Marg	ere deced	- 1 It - 1/ t		esidence before	13c CITY OF	lerick	13d INSIDE CITY I		13e. STREET AND NUMBER 7 McMurr	R	Street	
1	and c remo	patri.	14 F	ATHER'S NAME F	ırst	Mid	ldle	Last		S MOTHER'S M	AIDEN NAME	First	Middl			lost
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	requires that the death certificate be g physicion. I signed by the attending physicion are burial-transit permit. Then please re burial, cremation, ar removal, and in		16a.	WAS DECEASED EVER	N U.S. ARI	MED FORCES?	n a l	SOCIAL SECUR TY I	10. 17	INFORMANT			Addres			
	rtiffi phy: en sva			no				unknown	Re	cords,	Sprin	efie	1d State Ho	spi		
	attending permit. The			18. CAUSE OF DEATH 1	d (Enter ar	ily one couse	per line far	(a), (b), and (c)	}						APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
	he death attendin permit. ian, ar re			PART I. DEATH	IMMEDI	ATE CAUSE (a)	Acute	myocar	dial i	nfarct	ion				Day	5
	he c			2509	L			ONSEQUENCE OF								
	at the r the nsit p		-1	Canditions, if any, winse to immediate a		(b)	Arter	ioscler	otic o	ardiov	ascula	r di	Se25e		Year	rs
	s the class of the		-1	stating the underly	ng cause			onsequence of etas; g	onoma?	igad a	mtamia	1-	waste.		V	
2	equires that the death certific physician. signed by the attending phys burial-transit permit. Then burial, cremation, ar remaval,		- 1		FICANT CO.								N GIVEN IN PART 1(a)		Years	
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n	The law re attending has been se as the h priar ta		CERTIFICATION	190. DATE OF OPERATION	DN 19b	CONDITION FO	R WHICH OI	PERATION WAS PE	REORMED	20a. AUTO	PSY?		206. IF YES, WERE FINDIN	GS CONS	SIDERED IN CER	RTIFYING
9	The atte has se a th pr	2	Ħ							YES	NO 😿	1	CAUSES OF DEATH?			
	CIAN: pital or rificate d for us of Healt		#	21c. ACCIDENT WAS or contributing filt either, natify med	AUSE DE DEA	TH HOUR	ME OF INJU A.M. Ma P.M.	RY nth Day Year		OW INJURY OC	CURRED (Ente	r nature	of injury in Part 1 ar Pai	1 2, Iten	n 18.)	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior ta			21d. INJURY OCCURR While Not while at work	D 21e		URY (AT HO	ME FARM, STREET, FAC BUILDING, ETC.		OCATION Stre	et ar R.F.D. Na		City or Town	(Caunty	State
	ING by t fiter be o			22a I certify the saw the de	at (I) (th	is haspital)	attende	the decease	d fram_	7-12-	30_, 19_	, 1	a 5-29-69	19	, that	(I) (we) last
	END led Jld The S		- 1	saw the de	eased o	live on	9-57	not) view the l	9, on	d that in (m	ıy) <u>(о</u> шт) ор	inion d	eath occurred on th	e dote	ond haur a	nd from the
	ATT stair shou ith t		ŀ	22b. SIGNATURE	ODUVI	2, (1) (WE) (oi) view life i		λ			T	22c DAT	TE SIGNED	
	OR ATTEND be retained DIRECTOR: A DIRECTOR: A DIRECTOR: A DIRECTOR: A		_	Clase	istr	n de	el (imp	DEGI	ATTENDI	NG 🗆 🖁	MED DIRECTOR	STAFF PHYS		5-29-69	Q
	AL D			22d. PHYSICIAN'S						22e. ADI			field State		- ,	
	TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A directar, page 3 should should be filed with the	/		NAME (Type)	Augu	stin d	el Ca	mpo, M.			Syl	cesvi	ille, Maryl	and	21784	
	O HO; Page 4 O FUN direct		23a	BUR AL CREMATION	236	DATE		23c NAME OF	EMETERY OR	CREMATORY		23d L	OCATION (City or Town)	((Caunty)	(State)
	5 5 <u>5 2 2</u>			REMOVAL (Specify) Burial	Jur	ne 5-19	269	Mr. OT	ivet (Cemeter			ederick, Mo			
	VR Alady		24 1	UNERAL DIRECTOR	11	1 Non	all i	all sign	1000 d a said	ala tra	2So RECD B					
	45M . VP	¥4 [// K	Ele	heso	4 8	المرحدد	reder:	Lck-Md.	DATE: UN	5	1969 1772	The same	as lacol	ar.



/ / /	A de las tau dist	MARYLA	ND STATE DEPARTMENT OF F	IEALTH	
	16777	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH		06776
	ECEASED-NAME Type or pnnt)	† Middle	Lgst	20. DATE OF DEATH A Month Day	Year 2b. Hour
	Dobe	J- L.	1AIDERT	1744 13	1969 6 A M
3. S	EX Mala	4 RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS MIN
1	11/4/6	While	Nov 19.1	881 87 YRS.	
	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
10	TYPEY/ONE	11 NAME OF HOSPITAL OR	NSTITUTION (If pat in hospital) 12a. USU/	AL OCCUPATION (Kind of work dane	Md 125. KIND OF BUSINESS OR
/	Varchat-	Md give street oddress) Lon	140 eg Vicesus blunc during no	est of work ng life, even if retired)	INDUSTRY
13e	USUAL RESIDENCE (Where dece	osed lived, if institution: Residence before	B 13c CITY OR TOWN 13d INSIDE CITY U	M TS7 13e. STREET AND NUMBER	Agriculture
odir	ussian) STATE Jay law	1 136. COUNTYSalto	Quiroge Mills YES NO	10 Bejulay	Me
14	FATHER'S NAME First	M.ddle Lost	15. MOTHER'S MAIDEN NAME F	irst Middle	Last
	Willian	- Talbo	of MA	Tilda	DARBY
	WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give	was as dates of senseal	YNO 17 INFORMANT	10 Byway	Rl. 21
-	(Y7)		1.	ry (Manyo)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS	inly one couse per line for (a), (b), and (ED BY	0)		5 4475.
	III) II IMMED	NATE CAUSE (o)	elter power	Perso	3 4475.
	Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	alestin (and)	- a. a. Densin	7
	rise to immediate couse (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F	The Comment	
	last.	(c)			
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(a)	
NO		-			
CERT FICATION	19a. DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION WAS		206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
ERI	21a. ACCIDENT WAS UNDERLY	ING 216, TIME OF INJURY	YES NO	noture of injury in Port 1 or Port 2, I	tom 193
MEDICAL	THOS CONTRIBUTING THE CAUSE OF DE	ATH HOUR AM Month Day Yes	IF	notice of injusy at rost 1 of rost 2, 1	
SF.	(If either, natify medical exam 21d IN.JRY OCCURRED 21d	niner) P.M. B. PLACE OF INJURY (AT HOME FARM, STREET I	FACTORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
	While Nat while at wark	OFFICE BUILDING ETC.	11/		
	22a. I certify-that (I) (t	his haspital) attended the decea	sed from 10 u . 50 , 19 6 19 and that in (my) (our) apr	ed, to May 13, 19,	69, that (I) (we) last
	saw the deceased	alive an May 3. /e, (1) (we) (did) (did-not) view th	and that in (my) (our) ap r	nian death accurred on the dat	te and havr and from the
	22b. SIGNATURE	re, (1) (see) (did) (situation) view in		22c D	ATE SIGNED
	France	MET DE	DEGREE PHYS D	NED. STAFF IN STAFF	Jaes 13, 1969
	22at PHYSICIAN'S NAME (Type)	10/2	22e. ADDRESS	Da/ - 110	111
	/ 2/0.	SCP1 C. (B) 481	MAKY	FST-FAD /1	anylone
23a	DEMONST IC		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
24	FUNERAL DIRECTOR # 1		ce Meth. Ch. Cem	Baltimore Co	. Md.
67	17. J. S. Illian	Owings Mil	1s, Md. 250. RECD B	1 6 1969	20

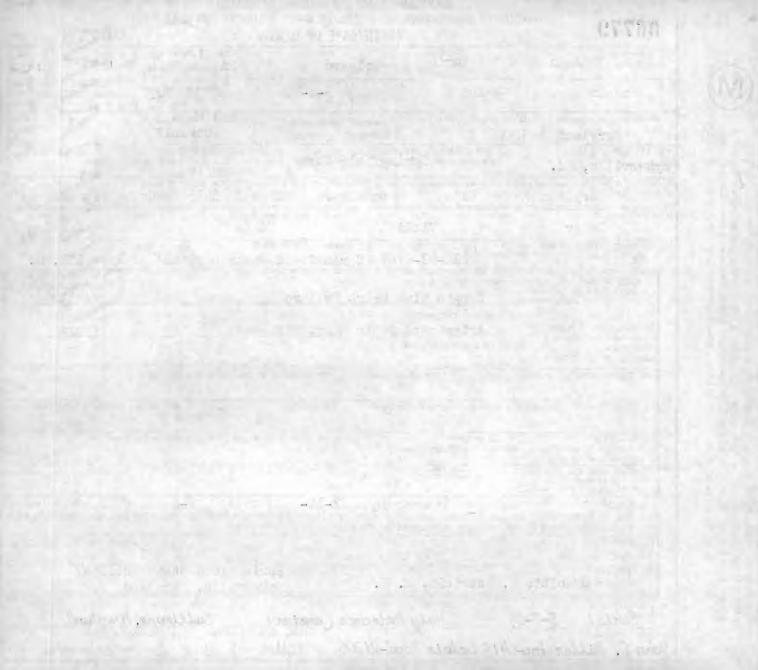


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W	1		0.0 = = 0	DIVISION OF VITAL RECO	DRDS, 301 W. PR	ESTON STREET, BALTIMO	RE. MARYLAND 21201		
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	ther the	1 3	A	4. RACE	_	S. DATE OF BIRTH	6. AGE (In years lost birthday)		HOURS ANN
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		10. (CITY OR TOWN OF DEATH	11 NAME OF HOSPITA	L OR INSTITUTION (If no		CUPATION (Kind of work done	12b. KIND OF BI	USINESS OR
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(a la a la ta	130	USUAL RESIDENCE (Where deceose		before 13c. CITY OR	TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
	ond caraptetely filled in the than or remove carbon papers. Pege in any event, within 72 haurs at	Oum	ission State MARGAS	2 36 SCOUNTY (FARIA	OLL WEST	MINATES A NO [60 MAD	ISON .	57
	any any	14.	FATHER'S NAME First	. Middle	Lost 15.	MOTHER'S MAIDEN NAME First	Middle	0	Lost
	ertificate be exe physician and control please remotoval, and in any		JOH.	N' UN	16-ER	SAR	AH	STAR	NER
	ate b ician leose and i		WAS DECEASED EVER IN U.S. ARM		CURITY NO. 17. IN	FORMANT	Address	SOMAD	KONST
	that the death certific an. by the attending phys rransit permit. Then pl cremotian, or removal,	_ '	(es, no, or unknown) (It yes give we	r or dates of service) 705-	10-6503	MRS M.C.	INGER WE	TMINS	TEC OU
	cer The The		1B. CAUSE OF DEATH (Enter on	one couse per line for (a), (b),	ond (c).)		7 /	APPROXIMA	ATE INTERVAL
	he death ce attending p permit. The lian, or remo		PART 1. DEATH WAS CAUSED	BY: FE CAUSE (o) ACUTE	7 . 41/. 42	ARDIAL IN	FARCTION	181	TOURS
	de orm erm n, o		4100	DUE TO, OR AS A CONSEQUE				70.0	00114
	the control of the co		Conditions, if any, which gove	HUPE	RTENSIL	IF I ARTER	DSCIERATIO		
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Li	law requires that the death certificate be executed within nding physician. been signed by the attending physician and carapletely full sthe burial-transit permit. Then please remove carban priar to burial, cremotian, or removal, and in any event, within		lost.	4 COP	1 1	HEART	DISFASE	YE,	ARS
11	aquires physicio signed burial-ti burial, c		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)		
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	te law re trending as been as the priar to t	10	190 DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CER	TIFYING
	I the law re attending to has been use as the alth priar to	CERTIFICATION				YES NO	CAUSES OF DEATH?		
			21o. ACCIDENT WAS UNDERLYING		21c. HO	W INJURY OCCURRED (Enter notu	re of injury in Port 1 or Port 2.	Item 1B.)	
	ilclan: The pital ar attrificate ha se far use of Health p	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day er) P.M.	Yeor 19	·			
	PHYSICIAN: The e haspital ar atte nis certificate has tacked far use o Dept. of Health p	물	214 IMIDDA DCCHODED 21º	PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING,		CATION Street or R.F.D. No.	City or Town	County	State
	L OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached far u led with the State Dept. of Healt		While Not while of work	COFFICE BUILDING,	HC /		,	,	
	by the float			s hospital) attended the d	eceased from	5/20 1966	, to \$/30.19	60, that ((I) (we) last
	ATTENDIN etained by CTOR: After shauld be vith the Stat		22a. I certify that (I) (this sow the deceased al	ve an5/3	19 69, and	that in (pry) (our) opinion	deoth occurred on the do	te and hour o	nd from the
	R ATTENI retained ECTOR: A 3 shauld with the			(I) (we) (did) (did not) vie	w the body after d	eath.			
	ret ret RECT 3 st wit		22b. SIGNATURE	1 /1 :	(1 MS	ATTENDING MED.	C STAFF C	DATE SIGNED	110
	DIRE DIRE		Vincent	K. M.Cocci	70 MM	PHYS DIRECT	OR L. PHYS. L. 6	5/30/	69
	may be RAL DIR RAL DIR r, page 3 be filed		22d. PHYSICIAN S NAME (Type)	FNY J. FILL	SPPA JR	220. ADDRESS ANCHOK	OCT WEST	111/572	O MID
	TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fi	-		-/1/ 0 / 8/			U. 10E3/11	1/1/0/2	1110
	FU FU	230	BURIAL, CREMATION, 23b. D	ATE // 23c NA	ME OF CEMETERY OR'C	CREMATORY 230	LOCATION (City or Town)	(County)	(Stote)
	5-5-0	1	>1/1/1/1-10	14/67 EU	DDRESS	CIII 17 CIVI CXXX	GISTRAR Sb. REGISTRAR'S	SICHATURE	111)
	VR ALS AS	24.	FUNERAL DIRECTOR	10 Do WET	TIMIATO	250. REC'D BY REC	GISTRAR 156. REGISTRAR'S	Jan Carda	2
	PANTA LINE		De L' / 16 10	14 . 111 . 146 . 1	11/1/11/11/	CIT. INCOME US	J IOOU	1	Parent Land



1 0677	79 D	IVISION OF VITAL		V. PRESTON S FICATE OI		MORE, MAI		06778						
I. DECEASED-NAM (Type or print	Anna	Mar	Middle 10 W	lost eigand		20. DATE OF		y 169Year	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MORE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MONTHS DERED IN CERTIFYING					
3. SEX Fen	ale	4. RACE White		S. DATE OF	BIRT		6. AGE (In years last birthday)	MONTHS DAYS		HRS.				
	laryland	USA.	WIDO	RIED NEVER M	ANKICO	County of	Flores			Mo				
	lle, Md.	11. NAME OF HI give street odd	ospital or institutio liess) Springf	(If not in hospito ield Sta	te during mos	OCCUPATION st of working DUSEVIL	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS O	R				
admission) STA	Maryland	lived, if institution: Residual (186). COUNTY City	dence before 13c. LI	or town ltimore	YES NO	1151 136, 21	REET AND NUMBER 15 Woodrin		9	Ň				
14. FATHER'S NAJ	Peter	Middle	Violi		MAIDEN NAME Fin		Middle	Das						
Yes, no Bruni	SED EVER IN U.S. ARMED (If yes give wor o		01-0707	Control of the contro	Records Tield Sta	ate Hos	Address spital Sy							
1B. CAUSE PART	DEATH MADE CAMERO A	one cause per line far (a) Y: CAUSE (a)Conge		art Fail	lure			BETWEEN O	NSET AND DEA	TH				
rise to ime	if any, which gave nediate couse (a), underlying couse	DUE TO, OR AS A CON (b) Arter DUE TO, OR AS A CON (c)	riosclerot	ic Heart	Disease			rears	5					
		TIONS CONTRIBUTING TO					,,,							
ZIEZ ZIEZ		NDITION FOR WHICH OPER		YES [CAUSES	YES, WERE FINDINGS OF DEATH?		RTIFYING					
S ☐ OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEATH notify medical examiner	P.M.	Day Year				ry in Part 1 or Part 2,	Item 18.)						
While at work	at work	ACE OF INJURY (AT HOME, OFFICE BU					or Town	County	Sto					
can	ses stated obove, (haspital) attended to e an	t) view the bady o	and that in I	my) (aur) apin	ian death o	accurred an the d		(I) (we) and from	las n the				
22b. SIGNA	eni h Y	. Val		DEGREE PHYS.	LI DIR	D. RECTOR agricult	STAFF PHYS. D 276.	B 4/	69					
NAME 23e. BURIAL, CR	(Type) Graciti	o V. Patrio	Cio, M. D.		Sykes	ville,	Maryland ON (City or Town)		(State)					
REMOSAL DI	5-7		Holy Rede			Be	25b. REGISTRAR	Tryland	(0.00)					
John (Miller In	10-0415 Belo			DAMAY	8 198		eley Jacob	se.	5				

MAKTLAND STATE DEPARTMENT OF HEALTH



1		tems7,8		GH15 M.	ARYLAND ECORDS, 30	STATE DE	PARTMENT OF ON STREET, BAL	HEALTH TIMORE, MARY	LAND 2120	1				
FOR STATE	0	/0/07 Ki					CERTIFICATE	-				09	726	0
HEALTH DEPT.		ECEASED-NAME	First			idle	Lost		2a. DATE KN	OWNE	Manth	Day	Year	2b. HOUR
2 0 8 2 E	1	Type or Print)	LONN	Œ	HILL	7	HITEHEAD		OF E	ATED	5	30	169	10:a
delay and	3. \$	EX	4. RACE	S. DATE OF BIR	RITH	6. AGE (In year		IF UNDER 24 HRS.	2c. DATE PRO			v		2d. HOUR
and de		Male_	Negro			60		The same of the sa	Month	May	ay	30 _{Leat}	19 69	10a
e De de L	7a.	BIRTHPLACE (Stote May) North	or foreign 71	CITIZEN OF WH USA	IAT COUNTRY?		DIAMED DIAMETER WAS DIAMED DIA	ARRIED 9. CO	Carro1					M
death with the State of the Sta	10. (Sykes	DEATH		street address)		ON (If not in hospital t. Hospit	during most	CCUPATION (Kin of working life,	nd af work		125. KIND Industry	OF BUSIN	NESS OR
hin 24 haurs after death nacl in Item 18. Give Pages niner's Office along with fapages 1 and 2 with the State haurs after death.	13a.	USUAL RESIDENCE dmission) STATE	E (Where decease	d lived, if institu	ution; Resident	e before 130	timore	3d. INSIDE CITY LIMITS? YES NO	13e. STREET A 2266 Storrish	AND NUMBE Brook	ekfie de St	eld .	Avenu	18
hin 24 haurs ard in Item It inner's Office pages 1 and 2.	14. F	ATHER'S NAME	First	Middle	1111	Lost	IS. MOTHER'S MA	IDEN NAME First	* 74777	Milid	e////	7//	Last	
within n pencil i Examiner Examiner File page		WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED FO	RCES? or or dates of service)	16b. SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS				
s certificate shauld be executed within 24 haurs after dere, writing the ward "pending" in pencil in Item 18. Give P farwardEd to the Chief Medical Examiner's Office along will used as a burial-transit permit. File pages 1 and 2 with the semayal, and in any event within 72 haurs after death.		PART 1. D Conditions, if or tise to immed	DEATH (Enter only EATH WAS CAUSED IMMEDIAT ny, which gave tote cause (a), derlying cause	BY: E CAUSE (a) DUE TO, OR (b)		Lobar JENCE OF	Pneumonia						PROXIMATE II FEEN DINSET A	
iis certificate s te, writing the forwardEd to be used as a b remaval, and	No	PART 2. OTHER :	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH	BUT NOT RELAT	ED TO THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PA	ART I(o)				
This certificate, writh bar forwar	CERTIFICATION	190. DATE OF O				ON FOR WHICH (FORMED?	PERATION	339					AUTOPSY?	NO 🔲
in the second se	MEDICAL CE	210. EXTERNAL (PRIMARY OF DEAT	R CONTRIBUTING	HOUR A.	INJURY Month, M. M.	Day, Year	21c. HOW INJURY O	CCURRED (Enter nati	ure of injury in	Part 1 or F	Part 2, Ite	m 1B.)		
(AMIN te the ge 4 sh your fil oge 3 s cremat	ME	21d, INJURY OCC WHILE MA		ACE OF INJURY (ary, affice buildin		street,	211. LOCATION Street	t ar R.F.D. No.	City or T	awn		County		State
TO DEPUTY JICAL EXA necessary, please execute the funeral director. Page 5 may be retained far you to FUNERAL DIRECTOR: Page Health prior to buriol, cre			sertify that I to	Notural cou			M.D. ASS	Homicide In Homicide In Homicide In Homicide In Homicide In Homician Examination of the Homician In Ho	Undetern NER AMINER MINER MINER	mined m	onner [b. DATES June	IGNED	d in my	opinion
the He		BURIAL (CREMA) REMOVAL (Speci	(Y) 7	· 24 , (99 0	iame of temeti	RY OR CREMATORY Wed-Scho	970 23c	Balt	unc	mp:	(County)	(510	ote)
VR A15ME (5)	24.	FUNERAL DIRECT	OR .			ADDRESS		2So. REC'D BY RE			STRAR'S S	GNATUR	and a	6

